



St Andrew RC Church, 4 St. Andrews Ave, Welland
Office: 22 Golden Blvd E, Welland ON L3B 1H4
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saintandrewrcc@gmail.com
Phone 905 732-5046
“We have found the Messiah” John 1:41

Child (age 5-12) Registration Form

Classes will be at Church building. Monday to Friday (July 13th -17th), from 9am to 3pm.
\$10 per day for lunch, snacks and materials. Register with \$10 and filled-up form by June 19th.

Child's Info:

Name: & Lastname _____

Gender: M F Age: ____ School & Grade completed: _____

Allergies _____ . Medical conditions/*special needs - please talk to Pastor*

Copy of OHIP Card (attach) _____

Family Information:

Parent/Guardian Name: _____

Address: _____ Email: _____

Phone Numbers:

Home: _____ Cell: _____

Emergency Contact:

Name: _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this diocese, parish and Cat.Chat Productions Inc. from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

Return completed form with \$10 by **June 19th, 2026** at School; OR by **June 28th** at Church _____