



Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ Prov: _____ PC: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Pg.2 – VBS Registration

People who have permission to pick up my child or drive them home are:

My child(ren) have permission to walk home by themselves. Yes No

I give LIGHTHOUSE CHURCH OF GOD permission to photograph my child. Photographs will be used in a slide show during the week.

Yes No

(Please note that none of the pictures would be posted on any websites).

Yes! Please email me when there are any special children's programs!

My email is: _____

Parent/Guardian's Signature
(Original signature required)

Note:

Email completed forms to: churchoffice@lighthouseniagara.com
(parent's original signature will be required on the first day of attendance)
or

Mail to: Lighthouse Church of God, 8652 Sodom Road, Niagara Falls, ON
L2G 7B1.