

St Peter's Virtual VBC Registration Form

Child's Name (Please fill out one form per child attending) *

First Name Last Name

Child's Birthdate *



Month Day Year

Grade Completed

Parent/Guardian Name *

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Email *

example@example.com

Craft Kit (Choose one) *

I will pick it up from St Peter's Church Office, Comox
Deliver/Mail to my home

I have access to: *

Computer Screen
Wi fi

How did you hear of this program?

St Peter's Church
Other Church
Email
Friend
Other

I hereby consent to let my child (ren) participate in the St Peters Virtual Vacation Bible Camp *

I give consent for my child (ren) to be photographed/video recorded *