

ROAR Registration Form

For ages 5-12

Parent Name:		
Street address:		
City:	Prov:_	Postal Code:
Home telephone:		Cell phone:
Home e-mail address:		
Home church:		
Number of family members p	articipating	in MONUMENTAL:
Is parent(s) able to help with VBS	?	_ Please tell us where you would like to help:
☐ Registration☐ Imagination Station☐ Snack		☐ Breakfast Club☐ Small Group Helper☐ Games
		ical/cognitive/behavioral condition that requires one on or one on one support for the week that is agreed upon
Name	Age	Allergies & Medical Conditions

Name of a special friend your child(ren) might like to be with: (We will do our best to connect friends together)

In case of emergency contact:		
In case of emergency, contact:		
Relationship to child:	Cell phone:	
CHURCH & FAMILY INFO:		
Our family attends: □St. George's □St. Francis of Assisi □Pine R	idge □Trailhead □None	
□Other:		
Our family is a military family: □YES □	⊒NO	
Please Check:		
I give permission for my child(ren) to be photographed □YES □NO	I have paid in full for VBS. \$10 per \$20 per family.	er child; max □YES □NO
	Breakfast Club - \$5 per child for	the week UYES UNO
CONSENT:		
OUNDERT.		
I give my consent to St. George's chapel (Q watch over my child(ren) during VBS from A times of 9am to noon. (8am to noon if regist	August 15 to August 19 2022,	•
Signature of Parent:	Date:	

EMERGENCY CONTACT INFO:

Please fill out form and drop off with payment at the Chaplain Base Office (Q104, 9 Festubert Boulevard, 613-687-5511 x5434)