

G.E.M.S. Registration Form

Basics

Child's Name: _____

Birthdate (yyyy/mm/dd): _____

School/Grade: _____

Medical Info / Allergies? (Anything we should know?):

Health Card # _____

Allergies _____

Family:

Parent's Name(s) are: _____

Address: _____

Telephone #: _____ Mobile #: _____

Email: _____

Emergency #:

1. _____ 2. _____

Names to whom your child(ren) may be released:

Church:

My Church home is

Living Hope: _____ Other: _____ None: _____

See other side:

Interests (eg: skating, dancing, knitting, soccer, other)

I Like to: _____

Cost:

\$35.00 for one

\$50.00 for two

\$60.00 for three

Contact Johanna Van Oosterom if this is a concern. 277-3845 or vanoost@xplornet.ca