

# 2017 ORTHODOX VACATION CHURCH SCHOOL REGISTRATION FORM (Please Print)

STUDENT NAME:	Last:	First:
DATE OF BIRTH:	Grade in September 2017:	BOY or GIRL?:

HOME PARISH:
Baptized at:

Home Address:	
City/Province:	Postal Code:
Home Phone(s):	
Email contact:	

Mother's Name:	Daytime Phone:
Father's Name:	Daytime Phone:
Other Legal Guardian (Please Specify):	Daytime Phone:

<b>EMERGENCY CONTACT:</b>	<b>Phone:</b>
---------------------------	---------------

OHIP Card Number:	Version Code:
<b>Please list any medical problems, allergies, restrictions, medications, etc. of which staff should be aware:</b>	

I hereby agree and consent that my child, named above, can participate in activities of the Vacation Church School of the Pan Orthodox Association of Greater Hamilton.

Parent Name:

Signature:

Date:

**EMAIL DOWNLOAD REGISTRATION at [www.asna.ca](http://www.asna.ca)**  
**YOU CAN RETURN THIS FORM BY EMAIL TO [VCSHamilton@hotmail.com](mailto:VCSHamilton@hotmail.com)**  
 or by regular mail to Orthodox Vacation Church School, c/o 182 Tuxedo Avenue South, Hamilton ON, L8K 2S4  
 or in person to your parish contact.