



# REGISTRATION FORM

**AUG 5, 12, 19, 26, Sep 2**  
**(9.45 am & 11.15 am)**

**Children aged 3\* - 11 years old**

\*Three year olds must be three by August and fully toilet trained  
**(PLEASE FILL IN ALL THE FOLLOWING INFORMATION AND  
SIGN BEHIND THE PAGE)**

Child's Name: \_\_\_\_\_ **M / F** DOB: \_\_\_\_\_

Allergies or other significant medical conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ **M / F** DOB: \_\_\_\_\_

Allergies or other significant medical conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ **M / F** DOB: \_\_\_\_\_

Allergies or other significant medical conditions: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Caregiver's Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship : \_\_\_\_\_

Medical Consent: I (parent / guardian of the above named child/ren) give permission for Union Church adult supervisors to secure proper treatment for the health and comfort of my child until I can be reached. — **next page**

Photo Release: I give permission for Union Church, HK to photograph my child at Union Church VBS Summer Sunday School 2018. I give permission to copyright, use and publish the photographs for any lawful purpose including newspaper articles, church publications and the church websites.

I have read and understand the above.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Would like to volunteer for the event? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please tick which Sunday : Aug 5 : \_\_ 12: \_\_ 19: \_\_ 26: \_\_ Sep 2: \_\_

Do you attend Union Church? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How did you hear about our program ? \_\_\_\_\_

**Please submit or mail completed and signed forms to:**

Children Ministry, Union Church, Sunlight Tower, 18/F, 248 Queen's Road East, Wanchai, HK.

For more information please contact us at [children@unionchurchhk.org](mailto:children@unionchurchhk.org) / 21010414.

