



RENEW REGISTRATION FORM

Child's name: _____

Parent/Guardian's name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Child's grade: _____ Last school grade completed: _____

Home Church (if any): _____

In case of emergency (if parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____ Cell Phone: _____

Relationship to child: _____

Please list any allergies (including food allergies) the VBS-ReNew staff should be aware of:

Person who will pick child up at the end of each VBS-ReNew day:

Name: _____

Phone number: _____ Cell Phone: _____

Parent/Guardian signature: _____

The Tapestry Church - 9280 No. 2 Road, Richmond, B.C.

Tel: 778-297-9400

Email: mae@thetapestry.ca

Fax: 778-297-9401

For Office only:

Cost: \$ 65.00 Paid _____ Date paid _____ Unpaid _____

Group assigned: _____ Partner with: _____

Special requests: _____