



Pre-registration Form

Church of the Good Shepherd
189 West 11th Avenue, Vauver, BC, V58
Tel: 604-872-1884 Fax: 604-873-1447

Clubbers' Information

First Name: _____ Last Name: _____ Christian: YES NO

Age: _____ Date of Birth: _____ Gender: Female Male B.C. Care Card# _____
DD / MMM / YYYY

Grade Entering Fall 2011: _____ School: _____

Allergies • Medical Conditions • Current Medication: _____

First Name: _____ Last Name: _____ Christian: YES NO

Age: _____ Date of Birth: _____ Gender: Female Male B.C. Care Card# _____
DD / MMM / YYYY

Grade Entering Fall 2011: _____ School: _____

Allergies • Medical Conditions • Current Medication: _____

First Name: _____ Last Name: _____ Christian: YES NO

Age: _____ Date of Birth: _____ Gender: Female Male B.C. Care Card# _____
DD / MMM / YYYY

Grade Entering Fall 2011: _____ School: _____

Allergies • Medical Conditions • Current Medication: _____

First Name: _____ Last Name: _____ Christian: YES NO

Age: _____ Date of Birth: _____ Gender: Female Male B.C. Care Card# _____
DD / MMM / YYYY

Grade Entering Fall 2011: _____ School: _____

Allergies • Medical Conditions • Current Medication: _____

Parent/Guardian Information

1st Parent/Guardian Name: _____ Relationship to child: _____ Christian: YES NO

2nd Parent/Guardian Name: _____ Relationship to child: _____ Christian: YES NO

Street Address : _____

City: _____ Province: _____ Postal Code: _____ Email: _____

Home Number: () _____ Work Number: () _____ Cell Number: () _____

Emergency Contact (other than parent): _____ Phone: () _____

Name of person(s) picking up child: _____

Home Church: Church of the Good Shepherd None Other: _____

Would you like to know more about Church of the Good Shepherd? YES NO

* Clubber has to reach age 3 or above on September 30th - Registration fee, Dues fee, Handbook fee, and Uniform fee will be incurred.