

“Journey Through Lent” Children’s Overnight Retreat

REGISTRATION FORM

5:30 p.m., Friday, March 3, 2017 – 1:30 p.m., Saturday, March 4, 2017 (**sleepover**)
 Holy Eucharist, 6425 – 120 Avenue, Edmonton, AB

Personal Information

Child's Name	
Nickname	
Birthday (MM/DD/YYYY)	
Home Address (Street/ City/ Postal Code)	
Phone Number	(H) (C)
Email Address	
1st Guardian's Name/Relationship	
Contact Number	(H) (C)
2nd Guardian's Name/Relationship	
Contact Number	(H) (C)
Parish (if applicable)	

Emergency and Medical Information

In case of emergency, contact	
Emergency contact's address	
Emergency contact's phone	
Doctor's name	
Doctor's phone	
Doctor's address	
Alberta Health Care	
Known medical conditions	
Known allergies	
Current medications	
Current behavioural problems	

Who may pick up your child? (Name + Phone No.) _____

Method of Payment: Cheque or Cash in full on or prior to **February 24, 2017**.

Make cheques (\$15 per child) payable to **Edmonton Eparchy**

Office use only

Payment received on _____

Confirmation # _____