THINKfast 2018 **REGISTRATION FORM**

**6:30pm, February 23, 2018 – 1:30pm, February 25, 2018**  
**St. Nicholas Ukrainian Catholic Parish, 9507 Austin O’Brien Rd NW, Edmonton, AB**

Personal Information

|  |  |
| --- | --- |
| Participant's Name |  |
| 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 **paid in full on or before February 12, 2018.**

Make cheques ($20 per participant) payable to **St. Nicholas Ukrainian Catholic Parish**

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***Office use only***

Payment received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation # \_\_\_\_\_\_\_\_\_\_\_\_\_