



COPTIC ORTHODOX PATRIARCHATE
Diocese of Mississauga, Vancouver and Western Canada



Coptic Orthodox Patriarchate
Diocese of Mississauga, Vancouver and Western Canada
Saint Mina's Coptic Orthodox Church - Hamilton, Ontario, Canada

Πατριάρχησ ἡμετέρας ἡορθόδοξος
ἰμηνέσκωπος ἡτε ἡισσάγα ἡεμ φανκοφερ ἡεμ πεμεντ ἡτε καναδα
†εκκλησία ἡτε πιασιος αββα ἡηνα - ἡαμιλτον, ἡνταριο, καναδα

بطريركية الأقباط الأرثوذكس - إيمارشيته ميسيساجا وفانكوفر وغرب كندا
كنيسة الشهيد العظيم مارينا العجايبى - هاميلتون، أونتاريو، كندا



Wonder-Worker Scouts Team Registration

CHILD'S GENERAL INFORMATION

Name		
Birth Date (MM/DD/YYYY)	Age	Grade
Doctor's Name	Doctor's Phone	Does Your Child Have Any Allergy? (If YES, Please Specify)
Does Your Child Have A Development and/or Physical Challenge(s)? (If YES, Please Specify)	Does He or She Require One-on-One Care?	
Is Your Child Taking Any Medication? (If YES, Please Specify)		

PARENT/GUARDIAN INFORMATION

Full Name	Email Address	
Street Name & Number	City/Province	Postal Code
Home Phone	Cell Phone	Work Phone
Other Parent/Guardian Contact Name		Cell Phone

EMERGENCY CONTACTS & INFORMATION (OR IF SOMEONE OTHER THAN PARENT IS PICKING UP)

Primary Contact's Name	Cell Phone	Other Phone
Secondary Contact's Name	Cell Phone	Other Phone

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature of Parent/Guardian: _____ Date Signed: _____

The wonder-Worker Scouts Team reserves all the rights that are listed in the scouts
Policies handout attached to this form.