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| **Cedardale Church of the Nazarene**  **Registration Form for Children's & Youth Programmes** | | | | | | | | | | | | | | | | | | |
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| **Kids’ March Break Camp Mon.-Tues., March 12-13, 2018** | | | | | | | | | | | | | | | | | | |
| Cost: No charge | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Last Name: | | |  | | | | | First Name: | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| Age: | | | | | | Date of Birth (Month and date) | | | | | Year | | | | | | Entering grade: | |
|  | | | | | | | | | | | | | | | | | | |
| Address: | | Street & No. | | |  | | | | | | | | | | | | | |
|  | | Town | | |  | | | | | Prov. | | ON | | | | Postal Code | |  |
|  | | | | | | | | | | | | | | | | | | |
| Parent/Guardian name: | | | |  | | | | | | | | | | | | | | |
| Telephone: | | | |  | | | | | | | | | | | | | | |
| Parent email: | | | |  | | | | | | | | | | May we contact you by email about our programmes and other events?  Yes, please  No, thanks | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Name of alternative adult contact: | | | | | | | | | | | | | | | | | | |
| Telephone |  | | | | | | Relationship | | | | | |  | | | | | |
| Do you authorize this person to give consent for your child in case of emergency? Yes  No | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Please list other persons authorized to pick up your child. | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | Relationship | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | |
| Does your child have any medical conditions, allergies, etc.? Yes  No | | | | | | | | | | | | | | | | | | |
| If "yes", please list: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Does your child need to carry any medications, puffers, etc.? Yes  No | | | | | | | | | | | | | | | | | | |
| If "yes", please list: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Are they independent in knowing when and how to use this medication? Yes  No | | | | | | | | | | | | | | | | | | |
| Are there any other special concerns or considerations we should be aware of while your child participates in our programme? | | | | | | | | | | | | | | | | | | |
| **Please note that still and video pictures of your child(ren) will be taken this week for use only in the local church.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Signature of parent/guardian: | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | |
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**Instructions - Please Read Carefully**

* There is no charge for any child to attend this programme..
* Please help us to serve you and your child well by following these simple instructions.
* This programme is open to children in grades SK to 6.
* Complete one form for each of your eligible children who will attend this programme..
* Fill in each blank area with complete details.
* When you have fully completed the form save it to your computer using the child's name as the file name (eg Smith,Jane.doc).
* Attach the saved file to an email and send it to "Admin@CedardaleChurch.ca" or print it and mail or hand-deliver to Cedardale Church, 471 Pefferlaw Rd., Pefferlaw ON L0E 1N0.
* If you choose to email the form back to us we will need you to come in and sign it on the first day.
* Your child(ren) must be signed-in and signed-out each day by the parent/guardian or other person authorized on this Registration Form; your child will not be released until such person arrives.
* If you have any further questions email us at the above address or call (705)-437-2170.

Thank you for bringing your child(ren) to our programme; we look forward to an exciting time with them!