

Be sure to complete both sides of this form and return to a program leader or the church office.

Port Nelson United Church * 905-637-5631 * office@portnelsonunitedchurch.com



P.A. DAY CAMP REGISTRATION FORM

FAMILY INFORMATION

Date:

Parent(s) / Guardian(s) Name:

Street Address:

City:

Postal Code:

Phone#:

E-mail Address:

CHILDREN'S INFORMATION Please include all children on one form.

CHILD'S NAME (first name, last name)	BIRTHDATE Month/day/year	SCHOOL GRADE



(This section of the form will be used if the child requires health care during the program)

PLEASE PRINT CLEARLY

Alternate Emergency Family Contact: _____ Phone # _____

CHILD'S / YOUTH'S NAME (first name, last name)	HEALTH CARD # (Including version code and expiry date)	KNOWN ALLERGIES, MEDICAL, LEARNING OR DIETARY CONCERNS

(please specify any medical condition that will require monitoring while participating in the program)

If medications are brought to the program they must be in the ORIGINAL container, clearly labeled with your name. This includes prescription and over the counter drugs.

GUARDIANS PERMISSION:

I declare that (full name/names) _____'s health is suitable for church related activities and programs. I permit the staff and volunteers of Port Nelson United Church to engage in on-site medical care as deemed necessary and to use their judgment in determining the extent of immediate medical care required for this child including using the emergency service of a hospital. As well, I agree to not hold staff or volunteers of Port Nelson United Church liable for accidents or misfortune that may occur to the (these) child(ren) (knowing that every reasonable precaution will be taken by staff and/or volunteers to ensure the (these) child(ren) welfare and safety).

I also agree that photographs (without name) of this (these) child(ren) may be used in promotional materials and on the Facebook Page of Port Nelson United Church and shared with others. Further I agree that this child(ren) address, telephone number and email address will be added to the church rolls for communication purposes.

Guardian's signature: _____ Date: _____

Guardian's name (please print clearly): _____

Guardian's address (including postal code): _____