



Date: \_\_\_\_\_

**NAME OF CHILD:**

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Child Responds To: \_\_\_\_\_ Date of Birth: (D/M/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M / F

Home Phone \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(Postal Code)

**PARENTS/GUARDIANS**

Name  
 \_\_\_\_\_

Place of Work  
 \_\_\_\_\_

Address  
 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Hours of Work \_\_\_\_\_

Name  
 \_\_\_\_\_

Place of Work  
 \_\_\_\_\_

Address  
 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Hours of Work \_\_\_\_\_

**ALTERNATE PERSONS TO CALL IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD FROM FACILITY:**

\_\_\_\_\_  
 (Name) (Relationship) Phone: \_\_\_\_\_

\_\_\_\_\_  
 (Name) (Relationship) Phone: \_\_\_\_\_

**SPACES REQUIRED:**

**Week 1 (July 2-5):**

Tues-Fri                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**Week 2 (July 8-12):**

Mon-Fri     Mon                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**Week 3 (July 15-19):**

Mon-Fri     Mon                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**Week 4 (July 22-26):**

Mon-Fri     Mon                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**Week 5 (July 29– August 2):**

Mon-Fri     Mon                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**Week 6 (August 6-9):** *(Free Vacation Bible School in the morning of this week)*

Tues-Fri                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**Week 7 (August 12-16):**

Mon-Fri     Mon                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**Week 8 (August 19-23):**

Mon-Fri     Mon                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**Week 9 (August 26-30):**

Mon-Fri     Mon                       Tues                       Wed                       Thurs                       Fri

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<input type="checkbox"/> Full Day

**HEALTH**

**Personal Health Number:** \_\_\_\_\_

If your child has any known or potential health problems, please indicate what they are:

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL COMMENTS OR INSTRUCTIONS FOR OUR STAFF (Please check appropriate ones):**

special medications: \_\_\_\_\_ allergies: \_\_\_\_\_ vision or hearing problems: \_\_\_\_\_

special diet: \_\_\_\_\_ other: \_\_\_\_\_

Is there any other information you'd like on your child's file that might help our staff?

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**Accident or Illness Consent**

**I hereby give my consent for a staff member to call a medical practitioner  
or an ambulance for my child in case of accident or illness.**

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/ Video Consent and Release Authorization**

**Please Check the boxes that apply.**

I hereby give my consent for pictures/videos of \_\_\_\_\_ to  
(Name of Child)  
be taken for program use (arts and crafts).

I hereby give my consent for pictures/videos of \_\_\_\_\_  
(Name of Child)  
to be used anonymously for promotional purposes (Facebook and brochures).

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

**Off Property Trip Permission**

There will be a few planned trips, all within short walking distance (Swan Lake Nature Sanctuary, Rainbow Park), throughout the summer. We will give notice to parents and guardians at least a week in advance.

**I hereby give my consent for \_\_\_\_\_ to attend the planned  
(Name of Child)  
trips off of the North Douglas Church property.**

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_