



Suggested donation:
\$80 per child, cash or
 cheque. Please make
 cheques payable to
Wesley-Knox United
Church.

Feb 7-Apr 26, 2017
6:00 pm - 7:00 pm



PARTICIPANT INFORMATION

Last Name	First Name	Age	Grade as of Sept. 2016	Gender Please circle	
				F	M
				F	M
				F	M
				F	M
				F	M
				F	M

PARENT/GUARDIAN INFORMATION

Last Name		First Name	
Address			Postal Code
Home Telephone Number		Contact Number During Program Time	
E-mail Address			
Emergency Contact if parent/guardian cannot be reached		Emergency Contact Telephone Number	
PERSON RESPONSIBLE FOR PICKING UP MY CHILD(REN) AT THE END OF EACH NIGHT.			
Name		Telephone Number	

Does your child have any allergies? YES NO

If yes, please specify which child and list any allergies, type of reaction and usual treatment.

Are there any other medical or special concerns or support needed for your child? YES NO

If yes, please specify.

WAIVER AND PERMISSION

1. As part of the Shine Program at Wesley-Knox United Church, pictures and videos will be taken for promotional purposes. These photos may also appear on Thames Valley Children's Centre promotional materials. I give permission for my child to be included in these pictures and videos. YES NO
2. I give permission for my child to walk home from this program without being signed out by an approved adult and understand that my child will leave the program at 7:00 pm. YES NO
3. I understand that my child will be participating in all activities of the Shine Program at Wesley- Knox United Church that includes walking to area green spaces and businesses. I understand that program activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree to not hold Wesley-Knox United Church or any of its employees and volunteers responsible in the event of an injury to my child.

Parent/Guardian Signature

Date

**For more information please contact Barb McGill, mcgill4556@gmail.com,
519.673.4803 x 203**