

## Kool Summer Daze Kids Program

### Registration Form

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

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Town/city: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Health card number: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Medical Information (i.e. food allergies, asthma, diabetes, medication, etc.) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other pertinent information (i.e. older sibling babysitting child, someone different picking up child) :

\_\_\_\_\_  
\_\_\_\_\_

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

I \_\_\_\_\_ give permission for my  
child/children \_\_\_\_\_

to appear in all forms of public media affiliated with the  
Kool summer Daze program and Zenon Park Community  
Partners (News paper, facebook, Zenon Park community  
website etc.).

Parent/ guardian signature

\_\_\_\_\_

Date:

\_\_\_\_\_