

Kids Day Out in Mossleigh 2023 Registration Form

Vulcan and Region Family and Community Support Services
Completed Forms can be sent to yc@vulcanandregionfcss.com

If you end up unable to attend a day you have registered for, please call 403-485-2192

Child's Name	Child's Age	Allergy or Medical Conditions
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Parent Name	Parent Phone Number	Back-up Phone Number
Parent Address		Email address

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Dates to attend	
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Please list the dates above you would like to register for August 2, 9, 16, 23. Drop off (10:00 am) and pick-up (3pm) will be at the Centre Street Park. Young children must be picked up by a parent. For children who walk, please provide a number to text to confirm arrival.

Healthy lunch is provided. Select the lunch for each child. Fruit and vegetables are included. You may choose to send lunch, if so, please let us know.

August 2			
Chicken Caesar Wrap	Bacon Lettuce and Tomato Sandwich	Peanut Butter and Jam Sandwich	Egg Sandwich
August 9			
Chicken Caesar Wrap	Bacon Lettuce and Tomato Sandwich	Peanut Butter and Jam Sandwich	Egg Sandwich
August 16			
Chicken Caesar Wrap	Bacon Lettuce and Tomato Sandwich	Peanut Butter and Jam Sandwich	Egg Sandwich
August 23			
Chicken Caesar Wrap	Bacon Lettuce and Tomato Sandwich	Peanut Butter and Jam Sandwich	Egg Sandwich

Vulcan and Region Family and Community Support Services
Kids Day Out Informed Consent Form

The Vulcan and Region Family and Community Support Services will do our best to provide children's programming that will meet or exceed the anticipated health and safety guidelines.

By registering your child in this program, you agree and understand that there is an inherent risk in physical activities such as walking, running, jumping, playing games, etc. including, but not limited to, falls, cuts, scrapes, bruises, sunburns, sprains, breaks, and insect bites. _____(Initial).

Does your child(ren) have any allergies or medical conditions that staff should be aware of while they are in our care? _____

Name and number of who to contact in the event of an injury or illness: _____

Parent's Name (Printed) _____

Parent's Signature _____ Date _____

Child(ren)'s Name(s) _____

Consent for Media Use

I consent to allow Vulcan and Region Family and Community Support Services to use pictures and/or videos of my child(ren) in their promotional material including but not limited to posters, brochures, social media, website and presentations.

Parent's Name (Printed) _____

Parent's Signature _____ Date _____