



## MILO Kids Day Out 2025 Registration Form

Vulcan and Region Family and Community Support  
Services

Completed forms can be sent to  
[yc@vulcanandregionfcss.com](mailto:yc@vulcanandregionfcss.com)

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
Dates to attend	July 9	July 16      July 23

**Drop off (10:00 am) and pick-up (3pm) will be at the Park. Young children must be picked up by a parent. 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.**

<b>July 9</b>			
Ham and Cheese	Egg Salad	Peanut Butter and Jam	Bring own Lunch
<b>July 16</b>			
Ham and Cheese	Egg Salad	Peanut Butter and Jam	Bring own Lunch
<b>July 23</b>			
Ham and Cheese	Egg Salad	Peanut Butter and Jam	Bring own Lunch

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/wildlife bites. \_\_\_\_\_(Initial).

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

\_\_\_\_\_

I have disclosed my child(ren)'s medical conditions or allergies and any quality of life/life saving medications ie epi-pens, inhalers etc. I will ensure to send these medications with my child(ren) at all times and ensure a staff present is aware of how to administer them if the child is unable to themselves. I agree to promptly answer or respond to staff if a phone call is made or a message is left.

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 \_\_\_\_\_

\*\*\*Please note that ALL children are required to be picked up by 3pm or earlier – NO EXCEPTIONS.