

The Kid Connections Club

REGISTRATION FORM

[please complete one form for each child you are registering]

Date: Sunday, April 11th, 2010
Time: 1:00-5:00pm (lunch is included)
Where: Trinity Anglican Church, 73 Church Street, Aurora

Child's Name: _____ Child's Age: _____

Parent(s) Name: _____

Phone Number(s): _____ email address: _____

Does this child have any food allergies? _____

Does this child have any other allergies? _____

Are there any physical restrictions for this child? _____

Is there anything else we should know about this child? _____

Are there any particular topics you would like addressed?

Sometimes the children want to share phone numbers and/or e-mail addresses so they can stay in touch. Is this OK with you? yes no

I hereby give my child, _____, permission to participate in **The Kid Connections Club** on Sunday, April 11, 2010 from 1:00 to 5:00pm at the Trinity Anglican Church.

I understand that the activities my child will be taking part in are safe and will be carefully supervised. In the event that an injury occurs, I will not hold The Kid Connections Club, the Down Syndrome Association of York Region, or Trinity Anglican Church liable.

Parent Signature: _____ Date: _____

Emergency Contact Number(s): _____

I have enclosed the \$30.00 registration fee. [*cheque made payable to the DSAYR*]

Please return the Registration form and payment to:
The Kid Connections Club (c/o Theresa Burfield)
11 Haskell Crescent
Aurora, ON L4G 5T6