

Registration Form – Come Cook with Us

(This form must be completed and signed before your child can attend.

Drop off this registration form at St. John's Anglican Church; mailbox is at Regent St. entrance)

Child Information:

Name – First: _____ **Last:** _____

Birthdate – Day: _____ **Month:** _____ **Year:** _____ **Age -** _____

Gender - M ___ **F** ___ **School:** _____ **Grade:** _____ **Teacher:** _____

Health Card Number: _____

Medical Conditions or Allergies: _____

Contact Information:

Name of Parent / Guardian – First: _____ **Last:** _____

Home Address- St. or R. R. : _____ **City:** _____ **Postal Code:** _____

Phone – Home: _____ **Work:** _____

Cell: _____ **Other:** _____

Emergency Contact Information –

Name: First: _____ **Last:** _____

Phone #: _____ **Address:** _____

Relationship to Child: _____

Family Attendance:

Please indicate how many family members are expected to attend the Come Cook with Us dinner which will be served at 5:15 p.m.

Name	Known allergies of family member

Photographs: I give my permission for photographs of my child to be taken during the Come Cook with Us programme to be used for promotional material.

Trips: Occasionally, a part of our program may involve walking on a group outing (e.g. to collect leaves for centrepieces, to do a “messy” craft, etc.). Youth will always be accompanied by two adults.

I give permission for my child to walk and participate in all trips /activities within Come Cook with Us programme hours and accompanied by adults.

Liability: I agree that St. John the Baptist Anglican Church and Lakefield Youth Unlimited are not liable in the event of accident or injury to my child.

Parent / Guardian Signature: _____

Date: _____

Please drop off this completed registration form at St. John's Anglican Church; mailbox is at Regent St. entrance.

For inquiries, phone: Sarah Jones 652-7545 or Anne Mansell 652-7312.

We will telephone you to confirm your registration.