

**MISSIONS FEST ALBERTA 2017 February 24 – 26**  
**CHILDREN'S PRE-REGISTRATION FORM (AGES 3\*-5 & KINDERGARTEN –GR 6)**

**PLEASE PRINT**

ATTENDED  
2014, '15  
OR '16

**Children:**

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Medical Conditions (ie: Allergies) \_\_\_\_\_  
 Sessions Attending: Friday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_ Sunday \_\_\_\_  
 6:00 – 9:00 pm 9:30 am – Noon 1:30 – 5:15 pm 7:00 – 9:00 pm 1:45 – 4:30 pm 6:00 – 8:00 pm

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2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Medical Conditions (ie: Allergies) \_\_\_\_\_  
 Sessions Attending: Friday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_ Sunday \_\_\_\_  
 6:00 – 9:00 pm 9:30 am – Noon 1:30 – 5:15 pm 7:00 – 9:00 pm 1:45 – 4:30 pm 6:00 – 8:00 pm

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3) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Medical Conditions (ie: Allergies) \_\_\_\_\_  
 Sessions Attending: Friday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_ Sunday \_\_\_\_  
 6:00 – 9:00 pm 9:30 am – Noon 1:30 – 5:15 pm 7:00 – 9:00 pm 1:45 – 4:30 pm 6:00 – 8:00 pm

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4) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Medical Conditions (ie: Allergies) \_\_\_\_\_  
 Sessions Attending: Friday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_ Sunday \_\_\_\_  
 6:00 – 9:00 pm 9:30 am – Noon 1:30 – 5:15 pm 7:00 – 9:00 pm 1:45 – 4:30 pm 6:00 – 8:00 pm

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5) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Medical Conditions (ie: Allergies) \_\_\_\_\_  
 Sessions Attending: Friday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_ Sunday \_\_\_\_  
 6:00 – 9:00 pm 9:30 am – Noon 1:30 – 5:15 pm 7:00 – 9:00 pm 1:45 – 4:30 pm 6:00 – 8:00 pm

\* Must be Potty Trained.

**Parents/Guardians:**

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ 2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prv: \_\_\_\_\_ PC: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell #1) \_\_\_\_\_ Cell #2) \_\_\_\_\_  
 Email: \_\_\_\_\_

I authorize the Missions Fest Alberta Children's Team and Volunteers to care for my child. In the event of any emergency wherein I am unable to be contacted, I authorize the Missions Fest Leadership to call 9-1-1. \_\_\_\_\_ P/G Initials

**Read the Children's Ministry Page for all the details for MFA 2017. Please note there are changes to Registration & Pickup Time procedures.**

**Print Registration Form and complete. Fax, mail or scan & email your completed Registration Form to the Missions Fest Alberta Office by Tuesday, February 21. Fax: 780-451-0643 MFA Office 14323 – 107A Ave., Edmonton, AB T5N 1G2 Email: staff@mfest.ab.ca**