

# MISSIONS FEST ALBERTA 2018 February 23-25



CHILDREN'S REGISTRATION FOR AGES 3\* - 5 & KINDERGARTEN – GR. 6 \*Must be potty trained

## CHILD(REN) REGISTERING:

- 1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_  
Medical Cond. (i.e.: Allergies): \_\_\_\_\_
- 2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_  
Medical Cond. (i.e.: Allergies): \_\_\_\_\_
- 3) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_  
Medical Cond. (i.e.: Allergies): \_\_\_\_\_
- 4) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_  
Medical Cond. (i.e.: Allergies): \_\_\_\_\_
- 5) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_  
Medical Cond. (i.e.: Allergies): \_\_\_\_\_

## PARENT/GUARDIAN REGISTERING CHILD(REN):

- 1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell #: \_\_\_\_\_ (***must be available to contact***) Home #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_  
Email: \_\_\_\_\_  **Please email me pre-registration next year**

I authorize the Missions Fest Alberta Children's Team and Volunteers to care for my child(ren). In the event of any emergency wherein I am unable to be contacted, I authorize the Missions Fest Leadership to call 9-1-1. I authorize my child(ren) to use the materials that presenters may bring for use by my child(ren) and/or give to my child(ren), ex: craft supplies, scissors, balloons, etc.

\_\_\_\_\_ P/G Initials

Initials are equivalent to  
physically signing document.