



Advent Adventure

CHILDREN'S APPLICATION FORM

613 733 0437

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Saturday December 3, 2011 10:00 AM - 2:00 PM

Followed by a 1 hour white gift play practice

CHILD'S DEMOGRAPHIC INFORMATION

First Name _____ Last name _____
Age _____ Birth Date: Year _____ Month _____ Day _____ Female _____ Male _____
Grade _____ School _____
Home Phone _____ email _____
Address _____ City _____ Province _____ Postal code _____

PARENT OR GUARDIAN INFORMATION

Names of Parent(s) or Guardian(s): _____
Emmanuel Member: Yes _____ No _____
Daytime Telephone: (1) _____ (2) _____
Alternate Emergency Contact: _____ Phone _____

MEDICAL AND SPECIAL NEEDS INFORMATION

Who is in possession of this child's Health Insurance Information?
Name _____ Daytime Phone: _____
Doctor's Name: _____ Phone: _____

Please identify any issues, medical (including allergies) or otherwise, about which Advent Adventure staff should be made aware:

Signed: _____ Date: _____

Fee \$10 lunch is provided - Please make cheques payable to Emmanuel United Church