

# Kids Day Out!

**Our Goal:** To provide a safe and fun environment where children may grow spiritually, discover friendships, and develop appreciation for others who live in our world.

**Lunch will be provided. Please tell us about any food allergies.**

**To book your spot, contact (by February 25):**

**Rachel Suljic**

Email: [rachelsuljic@hotmail.com](mailto:rachelsuljic@hotmail.com)

Phone: 905-317-8067

Completed registration forms can be sent to Rachel Suljic by email or can also be brought to Kids Day Out on March 1. Please let Rachel know in advance the name and age of any child who will be attending.

**Space is limited.**

**Sponsored by:**

West Flamboro Presbyterian Church

262 Middletown Road @ Christie's Corners.

"In the community for the community"

Website: [www.wfpconline.com](http://www.wfpconline.com)



**Children ages 4 - 12 are invited to join us for stories, singing, games and crafts.**

**Friday 1 March  
9:00 a.m. - 1:00 p.m.**

**West Flamboro Presbyterian's Kids Day Out**

Child's full name \_\_\_\_\_  
Date of Birth(D/M/Y) \_\_\_\_\_  
Health Card# \_\_\_\_\_

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Date of Birth(D/M/Y) \_\_\_\_\_  
Health Card# \_\_\_\_\_

Full Address \_\_\_\_\_  
\_\_\_\_\_

E-mail address \_\_\_\_\_

Contact for parent/guardian during time of day camp:  
home: \_\_\_\_\_ other: \_\_\_\_\_

Emergency Contacts in case parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, health, or behavioural concerns? Yes  NO   
If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I permit photos of my child(ren) taken during the activities of Kids Day Out to be used for promotional purposes such as placing on the church web site.

Yes  NO  Initial: \_\_\_\_\_

All reasonable precautions for the safety and health of your child will be taken. He/She will be properly supervised in activities. In the event of an accident or sickness, West Flamboro Presbyterian Church, its staff and volunteers are released from any liability.

In the event that an injury requiring medical attention occurs, I authorize treatment for my child and understand that reasonable attempts will be made to contact me should such a situation occur. I permit my child(ren) to attend Kids Day Out on March 1, 2019.

Parent/guardian's full name:  
(print) \_\_\_\_\_

Signature: \_\_\_\_\_

**Children must have an adult sign them "in" for Kids Day Out and be there to sign for them when they are picked up at the end of the day**

Name of person(s) to be with your child at  
Drop off at 9:00 am: \_\_\_\_\_

Name for pick up at 1:00 pm: \_\_\_\_\_

There is no fee for participating in Kid's Day Out. Donations will be gladly accepted and used for future ministries of our church.