



Children's Program Registration and Consent Form

Ages: 5 - 11

Cost: \$18/child/day or \$15/for siblings

Cheques should be made payable to the Friends of the Oxford County Museum School. Cheques returned NSF will be subject to an administration fee of \$25.00

Child/ren's Information		
1. Child's Name:	M/F	Health Card #:
Date of Birth:	Age:	Grade:
Allergies, health concerns, medication required or special needs:		
2. Child's Name:	M/F	Health Card #:
Date of Birth:	Age:	Grade:
Allergies, health concerns, medication required or special needs:		
3. Child's Name:	M/F	Health Card #:
Date of Birth:	Age:	Grade:
Allergies, health concerns, medication required or special needs:		
Family Information		
Parent's/Guardian's Names:		Email:
Address:		Postal Code:
Home Phone:	Work Phone:	Cell Phone:
Family Doctor:		Phone #:
Emergency Contact		
Name:		Phone #:
Relationship to child/ren:		
Child "Pick-up" instructions		
Who will be picking up your child/ren?		
Is there anyone <u>not</u> permitted to "pick up" your child?		

Parent/Guardian Consent

Please check each box to indicate your agreement with the statement.

- I have provided all of the health, behavioural and physical needs information which pertains to my child/children that is necessary for the leadership of this program to provide a safe experience for my child/children and the other participants.
- I have initialled and dated above to acknowledge that the information on file for my child/children is current at the time of each program.



- I understand that the program leaders will use their best judgement for maintaining a safe environment for each child. This may include refusing my child/children the privilege of participating in a portion of the program if he/she is behaving in an unacceptable manner.

I hereby give my permission:

- to administer medication provided by me in accordance with proper and complete instructions that I will provide.
- to administer first aid if necessary.
- to administer sunscreen and/or bug repellent, supplied by me, when necessary for outdoor activities.
- to take my child/children off Museum School property for pre-arranged activities.
- to photograph/film my child/children while participating in a Museum School program, for promotional purposes.
- to allow local newspapers to print photos/articles related to my child/children.
- to The Thames Valley Museum School to put photos of my child/children on their website and facebook account.

Please pack a nutritious lunch. We will inform you if there are any restrictions due to food allergies. Dress children appropriately for activities - closed toe shoes should be included, sunscreen, insect spray, a hat, sweater if needed.

Program Selection Daily: 9:30am - 3:30pm	# of Children	Full week	Days	Total	Initial & Date
History Mysteries: July 5-9					
Creature Feature: July 19-23					
Books Alive: August 9-13					
Around the World: August 23-27					

Parent/Guardian Signature: _____

Date: _____