

Algoma Presbytery Church Day Camp Registration Form August 21-25, 2017

Office Use Only				
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Please complete one form for each child being registered.

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Name of Child	Age	Grade		
Name of Parent(s)/Guardian(s)		Phone		
		1		
Address	Postal Code	Alternate Phone		
Emergency Contact Name / Relationship	Phone	Alternate Phone		
Names of Darsons Authorized to Diek Child Lin				
Names of Persons Authorized to Pick Child Up				
Please list any allergies or health concerns.				
Thease list arry unorgics of ricular correction.				
		Н		
PHOTOGRAPHS				
During Church Day Camp we will be taking pic	tures of the children p	articipating in the		
various activities. While these pictures would typically be used by the church itself (ie: for				
Congregational Newsletters, Calendars, Slide Show				
publications will not make their way into the commo				
	•	م مامیریتمام		
Children will <u>never</u> be identified by name in	any pnotograph usea by th	e cnurcn.		
Please check the box, below, if you do not wish you	ur child to appear in ou	r nhotographs We		
will not take any individual photographs of him,				
group shots in which he/she may appear.	ner, and win our may	ner mage in any		
	ahild			
☐ Please do not use any photographs of my	crilia.	Р		
		_		
I give my permission for my child to attend, and		•		
as listed above), in Church Day Camp at East Ko		Church,		
4 Fourth Line, Sault Ste. Ma	rie, ON P6A 5K8			
Signature of Parent / Guardian	Date			