



The Cathedral Church of All Saints
Halifax, Nova Scotia,

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REGISTRATION FORM FOR CHILDREN

Cathedral Centennial year 2010

Xplore and more!!

Children's Festival Ages 6-12

Saturday, June 19th 11.30 a.m. - 3.15 p.m.

Name of Child (ren):

Age _____ M _____ F _____
Age _____ M _____ F _____
Age _____ M _____ F _____

Family Names

Mother : _____
Father: _____
Guardian: _____

Mailing Address:

Number and street

Apartment

City / Town

Prov.

Postal Code

Family's E-Mail address if available

Telephone (with area code please) _____

Best time to call: am _____ **pm** _____

.....
Emergency Contact / Telephone: Name _____ **Tel:** _____

Relationship to child (ren) _____

Name of Parish or Congregation _____

Region of _____

Festival Fee: One Loonie per child please for the Festival – One for Missions~

please bring the 2 loonies with you!

AUTHORIZATION: I/we the undersigned permit my/our child (ren) to participate in the Cathedral Church of All Saints Xplore and More Children's Festival and in the event of an emergency health matter where contact with a parent or guardian cannot be made, authorize the hospitality team of the Cathedral Church of All Saints to arrange for admission to hospital and for necessary treatment therein, as deemed essential for the well being of the child. It is understood that the Cathedral Church of All Saints, Halifax is not responsible for medical care or related costs.

Signature of Parent/Guardian _____ **Date** _____

I/We give ___ I/We do not give ___ permission for my/our child (ren) to be in photos and/or filming during this event.

Signature of Parent / Guardian _____ **please see next page**

2010 Centennial Cathedral Church of All Saints

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Children's Festival

Confidential Health Information

Name(s) of Child (ren)

Health Card Number

Expiry Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please write out any important health details about your child (ren) and their special needs that this event's volunteers should know about:-

Dietary _____

Special Medication _____

Special Allergy _____

Physical Needs _____

Mailing Address for submission of Registration Form:

Cathedral Church of All Saints
 Xplore and More Children's Festival June 2010,
 C/O 3642 Leaman Street, Halifax, NS, B3K 4A1

Please note that to arrange for food and treats we need an accurate number of children who will attend- **the Deadline for receipt of all names of children and adults is Friday May 14th**

Thank you for your help. Kent Doe, for the Cathedral Church of All Saints.