

**Canadian Bison Association – Childrens Program  
November 24 & November 25, 2019**

**Child's Information - Due October 22<sup>nd</sup>**

You know your child best so I would like to get some information from you to help me get to know him/her better for our time spent together.

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Nick Name: \_\_\_\_\_

**Health Information:**

Please describe any food allergies or dietary needs your child may have (extreme dislikes of any foods may be added here as well): \_\_\_\_\_

\_\_\_\_\_

Please describe any health issues or special needs your child may have (i.e. asthma, medication):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Interest Survey**

*Please fill out this section with the help of your child*

My favourite things to do are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

One thing about me that I want you to know is: \_\_\_\_\_

\_\_\_\_\_

**Contact Information**

**Parent/Guardian contact information**

Name \_\_\_\_\_

Relation to the child \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Home Work Cell

Phone Number 2: \_\_\_\_\_ Home Work Cell

Does your child require a car seat for transportation? Yes No

**Emergency Contact Information:**

Name \_\_\_\_\_

Relation to the child \_\_\_\_\_ Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

I, \_\_\_\_\_ consent to the CBA collecting

**Please Print Name**

My child's personal information in the form of photographs or electronic images.  
I further consent to the CBA disclosing my child's personal information including his/her photograph, his/her electronic image and his/her name within the:  
CBA website, CBA e-newsletter, Advertising and Promotional materials for the Canadian Bison Association. All photographs become the property of the Canadian Bison Association.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Thanks for your assistance on helping make the Children's Program a success!

Children's Program Leader – Joyce DuBois – 306-522-4761 or [cbmc@sasktel.net](mailto:cbmc@sasktel.net)

Lunch Menu (Please circle choices for each meal – meals will be coming to the children’s

room plated and labelled for each participant): Name: \_\_\_\_\_

Sunday, November 24 – Build your own bison burger:

Bun            Cheese            Tomatoes            Mushrooms            Pickles

Lettuce        Mustard            Mayonnaise            Ketchup            Relish

Potato Salad            Caesar Salad            Pasta Salad            Raw Veggies

Monday, November 25 --

Mac & Cheese with Bison Meatballs            or            Bison Taco Salad

Potato Salad            Caesar Salad            Pasta Salad            Raw Veggies

The hotel will be preparing a dessert that will be suitable for all diet restrictions.

Diet Restrictions:

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