Child's Information - Due October 15th (t-shirt's must be ordered)

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 _____

Child(s) T-Shirt size _____

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!

Audrey Fisk *Children's Program Leader*