

# International Gospel Centre – Children’s Ministries

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## PD Day Camp ~ Registration Form

Date of Activity: [Click here to enter a date.](#) Drop off Time: **9:00 am** Pick up Time: **to 3:00pm**

Location: **IGC Kids Classrooms**

Contact Person: **Michael Malcolm** (Children’s Ministry) & **Carey Emmerson** (Youth Pastor)

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### **Information about your child:**

Name of Child: [Click here to enter text.](#)

Date of Birth: [Click here to enter a date.](#) Age: [Click here to enter text.](#) Grade: [Click here to enter text.](#)

Address: [Click here to enter text.](#) City: [Click here to enter text.](#) PC: [Click here to enter text.](#)

Does your child have any severe or life threatening allergies? Yes  No

If yes, please explain: [Click here to enter text.](#)

Is your child bringing any medication with him or her? Yes  No

If yes, please explain: [Click here to enter text.](#)

(Please note that IGC Volunteers are **NOT** allowed to administer medications)

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Yes  No

If yes, please explain: [Click here to enter text.](#)

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### **Contact Information and Parental Consent:**

Name of Parents (or Legal Guardians): [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Phone Contact: [Click here to enter text.](#)

Home: [Click here to enter text.](#) Cell: [Click here to enter text.](#) Work: [Click here to enter text.](#)

Secondary Contact: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Authorized Person to pick up child (if other than parent): [Click here to enter text.](#)

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *International Gospel Centre*, its staff and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: [Click here to enter text.](#)

Name of Family Physician: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

*I am aware that this PD Camp day at IGC is FREE for my child to attend and I am aware that if my child is picked up after 3:15 p.m., that there will be a ‘babysitting charge’ of \$10 per hour or any part thereof for each child enrolled in our J.A.M. Camp Day. I agree to these terms: Yes  No*

*I am aware that I need to provide my child with his/her meals for two (2) breaks during the day and that they are not permitted to bring any nut products with them. I agree: Yes  No*

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**Parent/Guardian’s Signature**

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**Date**