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## CHILDREN AT CONFERENCE

Bay of Quinte Conference Annual Meeting

May 28-30, 2010

Cost \$50

For children ages 4-11

The children's program is open to children and grandchildren of Bay of Quinte Conference delegates.

What will we do?  
have fun  
we will meet each day  
we will explore the conference theme: "FireWorks"  
through games, stories, crafts, play, and song.

Weather permitting, activities will include outside play as well.

Children's Program will be offered:

Friday 9 a.m. to 9 p.m.

Saturday 9 a.m. to 9 p.m.

Sunday 9 a.m. to 1 p.m.

Please Note: Snacks, lunch and dinner will be served to the children as part of the program. Parents are responsible for breakfast and overnight care.

Children are to be picked up promptly at 9 p.m. on Friday and Saturday evening and at 1 p.m. on Sunday. (Pick up will be at the meeting location)

Please return registration form, permission form and cheque to:

Bay of Quinte Conference, 67 Mill St., Box 700, Frankford, ON K0K 2C0

Registration Deadline: March 19, 2010

For more information contact: Jackie Harper, Conference Minister:  
Congregational Wholeness & Right Relations at 613-968-7859 or by email  
jackie.harper043@sympatico.ca

**2010 Bay of Quinte Conference Annual Meeting  
Children's Program Registration Form**

*(please fill in a form for each child - forms can be photocopied or downloaded from BQC website at [www.bayofquinteconference.ca/CAMreg.htm](http://www.bayofquinteconference.ca/CAMreg.htm))*

**Information from the Parent(s)/Guardian/Conference Delegate:**

Conference delegate / parent's name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Special Diet or Other Concerns: \_\_\_\_\_

How would you describe your child(ren)? (example: quiet, shy, active, outgoing, etc.): \_\_\_\_\_

I have enclosed the registration fee of \$ 50 per child

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Information from the Child:**

What is your favourite?

Animal: \_\_\_\_\_ Song: \_\_\_\_\_

Summer Activity: \_\_\_\_\_ Winter Activity: \_\_\_\_\_

School Subject: \_\_\_\_\_ Toy: \_\_\_\_\_

Computer/ Video Game: \_\_\_\_\_ TV Show: \_\_\_\_\_

Book: \_\_\_\_\_ Game: \_\_\_\_\_

Would you rather ... (circle the one you like better)

- |   |                                |
|---|--------------------------------|
| Read or ride your bike?                   | Sing a song or tell a story?   |
| Play video games or soccer?               | Take a walk or sit on a bench? |
| Climb a tree or swing on a swing?         | Eat a cookie or an apple?      |
| Solve a mystery or go on a treasure hunt? | Go to school or stay at home?  |

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**BAY OF QUINTE CONFERENCE  
CONFERENCE ANNUAL MEETING 2010**

**CHILDREN AT CONFERENCE  
PERMISSION FORM**

**(Please Print)**

I / We \_\_\_\_\_  
(parent / guardian name)

give permission for \_\_\_\_\_  
(participant's name)

to participate in the Bay of Quinte Conference "Children at Conference" program.

During the time of the Children's Program (May 28 – 30, 2010) I/we will be available by phone at the following numbers:

Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**(Please check off the permissions granted and sign the form at the bottom of the page.)**

\_\_\_\_\_ **PERMISSION TO PARTICIPATE**

Permission is granted for our son/daughter to fully participate in the Children's Program of Bay of Quinte Conference, The United Church of Canada, to be held at Brockville Memorial Centre and St. Lawrence College. Participation will include physical activities such as walking, games, outdoor activities, etc.

Please list anything that would limit participation:

\_\_\_\_\_

\_\_\_\_\_ **PHOTOGRAPH AND VIDEO RELEASE**

I give permission for the photograph and/or video image, of myself/my child, as taken by authorized persons, to be used as memory or promotional material in various United Church of Canada print and electronic resources, including online community locations and Bay of Quinte Conference web site for the promotion of the Children's Program in Bay of Quinte Conference of The United Church of Canada.

\_\_\_\_\_ **HEALTH INFORMATION:**

**(Important:** This information is necessary to participate in the Children's Program)

Allergies: \_\_\_\_\_

Special diet (i.e. vegetarian): \_\_\_\_\_

Current medication(s): \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

Self Administered: \_\_\_\_\_

or Administered by an adult: \_\_\_\_\_

Special needs: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **PERMISSION FOR EMERGENCY MEDICAL ATTENTION**

Permission is given for leaders or their designate to permit emergency treatment for my daughter / son if it is deemed necessary. All efforts will be made to contact the parent or guardian before permission for treatment is given.

\_\_\_\_\_ **PERMISSION TO ADMINISTER NON PRESCRIPTION DRUGS:** (such as Tylenol for headaches, etc.)

**Signatures:**

Parent / Guardian Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form with the registration form.