

**Atlantic Summer Institute on Healthy and Safe Communities
Children's Program Registration**

Please complete this form for each child that will be attending.

Name of the child	
Child's birth date	
Child's first language	
Child's allergies	
Dietary needs	
T-shirt size	
Parent/Guardian Name	
Parent/Guardian e-mail	
Parent/Guardian phone number	

Please mark the letter "X" next to the places your child is able to enter when we swim:
 Kiddie pool _____ Shallow pool _____ Water slide area _____ Deep pool _____
 Level of swimming: _____

Please mark the letter "X" next to the days your child will be attending:
 Monday 21 August 18h00 à 21h00 _____
 Tuesday 21 August 8h00 à 17h00 _____
 Wednesday 23 August 8h00 à 15h30 _____

Photo and video authorization
 The Atlantic Summer Institute on Healthy and Safe Communities may take photos and videos of my child during the event and may use the images for promotional purposes, as well as in a presentation show to attendees at the end of the Symposium.
Please circle your preference: Agree This is fine.

More details about the program will be provided soon. Please return this form to the Children's Program Coordinator, **Cristina Morales**, by fax (902-626-3221) or by email cristinamorales19@hotmail.com. If you have any questions, please do not hesitate and call 1-902-330-8214.