**Atlantic Summer Institute on Healthy and Safe Communities**

**Children’s Program Registration**

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

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| 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 |  |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please mark the letter “X” next to the days your child will be attending:**Monday 19 August 2 h00 à 4 h 00 \_\_\_\_\_Monday 19 August 6 h 30 à 8 h 30 \_\_\_\_\_Tuesday 20 August 9 h 00 à 5 h 00 \_\_\_\_\_Wednesday 21 August 9 h 00 à 1 h 00 \_\_\_\_\_ |

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| **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.