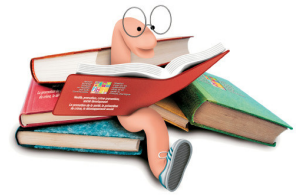




Reading Between the Lines:
Health, Safety & Literacy
Lire entre les lignes:
Santé, sécurité et alphabétisation



**Atlantic Summer Institute on Healthy and Safe Communities
Children's Program
Participant Questionnaire / Consent Form**
** Please complete this form for each child that will be attending.*

Name of Child: _____
Name(s) of parent or guardian: _____
Parent/Guardian contact information: _____
Age of Child: _____
Allergies: _____
Dietary or other needs: _____

Will your child be attending the Children's Welcome Party on Tuesday night?
Yes No

Will your child be spending all four days with us? Yes No
If not please specify those events that your child will not be attending?

Will you require babysitting services for evening events? Yes No
If yes, for how long? _____
*Note: Children are invited to attend the evening events with their families.
* Babysitters will have to be paid for their services.*

Will a parent or other adult be accompanying the child during the three days or a portion of the three days?
Yes No

If yes, what days will the child be accompanied?

Can you bring a car seat or stroller for your child?
Please specify which: _____

Is there anything else that you would like to tell us about your child?

Note: *The children can register with their parents between 10:00am and 3:15pm at the Registration Desk in the Student Center on Tuesday, August 19. A welcome party will be held for the children that evening from 7:30pm until 8:00pm in the Faculty Lounge in the Main Building. More details will be provided upon registration.*

I consent to my child participating in the Children's Program of the Atlantic Summer Institute.

Signature of Parent or Guardian: _____

Date: _____

Please return this form as soon as possible to Judy by fax at (902) 626-3221 or by mail at:
Atlantic Summer Institute on Healthy and Safe Communities

Children's Program

c/o Judy McKnight

25 Bolger Dr.

Charlottetown, PE C1A 7T2

If you have any questions on the program feel free to call Judy McKnight at (902) 894-3399 or email asi@thequaich.pe.ca.