



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

** 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 Wednesday night?

Yes No

Will your child be spending all three days with us? Yes No

If not please specify those events that your child will not be attending?

Note: *Children are invited to attend the evening events with their families.*

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 your child be accompanied?

Child's First Language _____

Can you bring a car seat and/or stroller for your child? Please specify.

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

Note: The children can register with their parents between 4:00 - 6:00 Tuesday, August 17th and from 8:30am and 9:30am on Wednesday, August 18th at the Registration Desk in the Student Center. A welcome party will be held for the children that evening from 6:30pm until 8:30pm in the Faculty Lounge in the Main Building.

More details will be provided upon registration.

Please return this form to Judy McKnight by fax at (902)626-3221 or by email at judy@thequaich.pe.ca as soon as possible. If you have any questions on the program feel free to call Judy at (902)894-3399 or the above email.

Signature of Parent or Guardian: _____