

# St. Thomas' PA DAY Program

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_

Registered Program (Sunday School, Choir, Beavers or Brownies): \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Name of person picking up (if not parent):  
\_\_\_\_\_

CONCERNS/ALLERGIES: \_\_\_\_\_

**PARENTS/GUARDIANS-** I give permission for my child to take part in all PA DAY activities. I understand that photographs and/or video recordings may be taken during these activities in which my child will be involved. I give permission for this media to be used for possible promotion, on St. Thomas' website, Facebook site and/or for news purposes \_\_\_\_\_ (initial).

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_