

## CHILDREN AT CONFERENCE

Bay of Quinte Conference Annual Meeting  
April 27-29, 2018 at Trinity United Church, Napanee  
Cost \$60

For children in kindergarten to grade 5

The children's program is open to children and grandchildren of Bay of Quinte Conference delegates.

What will we do?  
have fun  
we will meet each day  
we will explore the conference theme  
through games, stories, crafts, play, and song  
and we will participate in the court of the Conference Annual Meeting.

Weather permitting, activities will include outside play.

Children's Program will be offered:

Friday 9 a.m. to 5:30 p.m.  
Saturday 9 a.m. to 5:30 p.m.  
Sunday 9 a.m. to noon

*Please Note: Lunch will be served to the children as part of the meal plan of conference. Snacks will be provided by the Children at Conference Leadership Team. Parents/Guardians are responsible for breakfast and other meals and overnight care.*

Children are to be picked up promptly at the end of the program time each day.

Please return registration form, permission form and cheque to:  
Bay of Quinte Conference, 25 Holloway St., Belleville, K8P 1N8

Registration Deadline: March 30<sup>th</sup>, 2018

For more information contact: Cathy Russell Duggan, Conference Minister: Youth & Programs at 613-967-0150 or by email [youth@bayofquinteconference.ca](mailto:youth@bayofquinteconference.ca)

**2018 Bay of Quinte Conference Annual Meeting  
Children's Program Registration Form**

*(please fill in a form for each child - forms can be photocopied or downloaded from BQC website at [http://bayofquinteconference.ca/?page\\_id=1416](http://bayofquinteconference.ca/?page_id=1416))*

**Information from the Parent(s)/Guardian/Conference Delegate:**

Conference delegate / parent's name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Special Diet or Other Concerns: \_\_\_\_\_

How would you describe your child(ren)? (example: quiet, shy, active, outgoing, etc.): \_\_\_\_\_

I have enclosed the registration fee of \$ 60 per child

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Information from the Child:**

What is your favourite thing to do?

What is your favourite subject at school?

Would you rather read or do a craft or play a sport or \_\_\_\_\_?

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**BAY OF QUINTE CONFERENCE  
CONFERENCE ANNUAL MEETING 2018**

**CHILDREN AT CONFERENCE  
PERMISSION FORM**

**(Please Print)**

I / We

\_\_\_\_\_   
 (parent / guardian name)

give permission for \_\_\_\_\_

\_\_\_\_\_   
 (participant's name)

to participate in the Bay of Quinte Conference "Children at Conference" program.

During the time of the Children's Program (April 27-29, 2018) I/we will be available by phone at the following numbers:

Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**(Please check off the permissions granted and sign the form at the bottom of the page.)**

\_\_\_\_\_ **PERMISSION TO PARTICIPATE**

Permission is granted for our son/daughter to fully participate in the Children's Program of Bay of Quinte Conference, The United Church of Canada, to be held in Pembroke. Participation will include physical activities such as walking, games, outdoor activities, etc. Please list anything that would limit participation:

\_\_\_\_\_ **PHOTOGRAPH AND VIDEO RELEASE**

I give permission for the photograph and/or video image, of myself/my child, as taken by authorized persons, to be used as memory or promotional material in various United Church of Canada print and electronic resources, including online community locations and Bay of Quinte Conference web site for the promotion of the Children's Program in Bay of Quinte Conference of The United Church of Canada.

**HEALTH INFORMATION:**

**(Important:** This information is necessary to participate in the Children's Program)

Allergies:

\_\_\_\_\_

Special diet (i.e. vegetarian): \_\_\_\_\_

Current medication(s): \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

Self Administered: \_\_\_\_\_

or Administered by an adult: \_\_\_\_\_

Special needs: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **PERMISSION FOR EMERGENCY MEDICAL ATTENTION**

Permission is given for leaders or their designate to permit emergency treatment for my daughter / son if it is deemed necessary. All efforts will be made to contact the parent or guardian before permission for treatment is given.

\_\_\_\_\_ **PERMISSION TO ADMINISTER NON PRESCRIPTION DRUGS:** (such as Tylenol for headaches, etc.)

\_\_\_\_\_ **PERMISSION TO TRAVEL BY BUS**

Permission is granted to travel by bus from the meeting space to special outings like swimming. This is a fully registered and insured school bus with a trained and qualified bus driver.

**Signatures:**

Parent / Guardian Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form with the registration form.