



Spirit
OF THE CHILDREN SOCIETY

Tweenie Summer Referral

Tweenie's Name: _____ Date of Birth: _____

Address: Apt: _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ E-mail: _____

Status Non-Status Metis Inuit Other

Female Male Non-Binary Other Pronouns:

Have you participated in any other programs at Spirit of the Children Society? Y or N - if yes please list:

Is your child currently attending school? Y or N

If so, which grade? _____ and what school: _____

Medical Information Update (please include any medical, health, or allergies concerns):

Care Card Number: _____

Care Giver's Initial and Date: _____



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Spirit of the Children Society uses pictures on their social media sites and webpage. Your child's image may be used to promote Spirit of the Children Society's programs.

I hereby give permission for my child 's image / picture to be used by Spirit of the Children Society.

Please do not use my child's image / picture.

Will you be the only Care Giver picking up / dropping off your child? Y or N

-Or- Will you allow someone to pick up / drop off your child?? Y or N

if Yes, Please list the authorized persons:

**Spirit of the Children Society will only release the child to the authorized person /persons on this list. Identification will be required.*

In the event of an emergency when a family member cannot be contacted at home, please try to reach one of the following emergency contacts:

Name: _____

Phone: _____

Name: _____

Phone: _____

Care Giver's Initial and Date: _____



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I, _____ (parent/guardian), give permission for my child,
_____ (youth's name) to participate in Spirit of the Children Society's Tweenie Summer Day Adventure Program. Spirit of the Children Society will take all reasonable precautions to ensure the safety and well-being of the minors in their care. By signing below, I hereby release Spirit of the Children Society, and its employees and directors, from all claims of any kind, which I have or may have for reason of personal injury, loss of income, and loss or damage to personal property arising out of attendance at the Tweenie Program.

I confirm that I have read this exclusion of liability and understand its meaning, and have asked any questions I may have of Spirit of the Children Society regarding its implications.

Parent/ Guardian's Signature: _____

Date: _____