



Mennonite Church Canada

Gathering 2025

CHILDREN'S PROGRAMMING (childcare)

Childcare during Gathering 2025 will be provided by staff from Silver Lake Mennonite Camp. Please fill out this form for each child you are placing in childcare and send to gathering@mennonitechurch.ca or hand it in at Gathering check-in desk.

Child name: _____

Child's Pronouns: _____ Birth date: _____

Parent/Guardian name(s): _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Emergency Contact During Gathering if Different from above: _____

Medical Information:

Name on Health Card: _____

Health Card Number: _____

Name of Family Doctor: _____ City, Province: _____

Does the child have any special needs:

Please tell us if the child is subject to any of the following:

- Food Allergies
- Enviro Allergies
- Depression/Anxiety
- Diabetes
- Anaphylaxis
- Heart Trouble
- Seizures
- Arthritis
- Asthma
- Other: _____

Please give a brief description of the condition and detail of appropriate medication or treatment:

First Aid: A standard first aid kit will be on hand, but no medications are available.

Emergency procedures to be followed in the event of injury, illness, or unusual circumstances: assessment of the situation and provision of first aid as necessary, decision to involve emergency response teams, contact parent/guardian/emergency contact.

Waiver

1. The parent(s) or guardian(s) submitting this form is/are those having legal custody over the named child.
2. While every precaution shall be taken to ensure the good welfare and protection of the child, Mennonite Church Canada & Silver Lake Mennonite Camp, their Directors, staff members, employees, or facilities are hereby released from any liability in the event of any accident or misfortune that may occur to the applicant. Each child must be covered by Provincial Health Insurance or equivalent medical insurance.
3. I have read this form and I accept the conditions of enrollment as outlined above by my signature herein.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____