

Kid's Week

"Design Your Dreams"

August 7-11 (M-F) 8:30 am - 12:30 pm
Unity Spiritual Center ~ 2900 S. Bernard
(509) 838-6518

Kid's Week is designed to be a fun creative experience for 5 through 14 years of age. Kids will create their own powerful visualization tool, a "mind movie"; a 3 minute video that includes affirmations, inspirational images, video clips and their own personal soundtrack (or age appropriate Dream Journal or Poster) helping to SUPERCHARGE their way to reaching their goals and desires. Mornings begin with uplifting songs and affirmations, then groups will visit different creative activity stations, plus have a snack and play time. Our theme will invite participants on an adventure to explore their dreams, inspirations and aspirations. Cost is \$30, which includes food and supplies. Scholarships are available; contact Rev. Jackie.

Please complete this form and return to our office by July 7th.

Student Registration Form

(Please fill out one form for each child that will be attending.)

Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

In Case of an Emergency:

Parent/Guardian Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

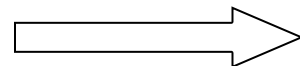
Parent/Guardian Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Other Local Contact Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Please fill out medical information on the other side of this form.



OFFICE USE ONLY: Date paid _____ Cash _____ Check _____ Received by _____

Medical / Liability Release Form

(to be completed by the parent or legal guardian)

Name of Minor _____

Address _____ City, State, Zip _____

Phone _____ Birth Date _____ Age _____

Parent / Legal Guardian _____ Relationship _____

Address _____ City, State, Zip _____

Home Phone _____ Mother's Work Phone _____

Mother's Cell Phone _____ Father's Work Phone _____

Father's Cell Phone _____

If we cannot be reached the event of an emergency:

Contact name _____ Relationship _____

Phone number(s) _____

As parent or legal guardian, I do hereby certify that this minor is in good health and able to participate in all program activities: Yes _____ No _____

Is the minor currently under a doctor's supervision for:

Epilepsy: Y ___ N ___ Diabetes: Y ___ N ___ Asthma: Y ___ N ___

Allergies: Y ___ N ___ Specify all allergies: _____

What information does the staff need to know about the above conditions? _____

Current medications: _____

Please explain any other conditions that you feel the staff should know about: _____

Date of last tetanus shot: _____

Medical Insurance (company): _____ **Policy #** _____

Child's physician _____ **Phone** _____

As legal guardian of the above-named minor, I hereby give my permission for him/her to participate in the program activities. Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services and, unless covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the children and that I will be notified as soon as possible in case of an emergency. However, should you accept this minor as a participant, I agree to indemnify and hold harmless the group leaders, or any other representative of the church, or the church itself, from all liability arising from this minor's participation in or attendance at this function.

Parent/Guardian SIGNATURE: _____ **Date:** _____