

**Noah's Ark Children's Centre**

118 Limeridge Road East Hamilton, Ontario L9A 2S3  
(905) 389-2204



A ministry of the Mountain View Christian Church

**TRIP FORM**

While my child is in attendance at Noah's Ark Children's Centre, I hereby give permission for him/her to participate fully in all and any outdoor excursions. I understand that the daycare is responsible to notify me of any such outings at least 3 days in advance, as well as, one day notice of trip cancellations.

If I do not wish for my child to participate in any trip, it is my responsibility to notify the staff of my child's inability to participate or to find alternate arrangements for that day.

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_ **EXT.** \_\_\_\_\_

**HEALTH CARD#:** \_\_\_\_\_ **(INCLUDE THE FINAL LETTERS)**

**ALLERGIES:** \_\_\_\_\_

**PARENTS' NAME & WORK#:** \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT NAMES & NUMBERS:** \_\_\_\_\_

\_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

It is the parents' responsibility to let the supervisor/staff know of any changes to the above information.

In the event of a serious occurrence your child will be taken to the hospital, without parents' consent and will only treat if life threatening. **MAKE SURE STAFF KNOWS WHERE TO CONTACT YOU'AT ALL TIMES.**

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