

WATERVILLE COMMUNITY CHURCH
Invites all kids K-4th grade

A DAY IN THE JUNGLE

Monday, February 18th, 2008 - President's Day
8:30am-4:00pm
This all-day event is FREE!



Come and MONKEY AROUND in THE JUNGLE
We're not LION-It will be a ROARIN GOOD TIME!!

- ★Box Maze★Crafts★Lunch★Snacks★Games★Music/Dance★
★Tattoos★Stories/Drama★ Movie★

Detach and return bottom half to **Waterville Community Church** by February 11th
8217 Dutch Road, Waterville, Oh 43566
Call the Church Office 419-878-2297 or Teri Windom 419-878-5134 for more information

THE JUNGLE RESERVATION FORM

Please complete one form (both sides) for each child attending

Name _____ Grade _____ Gender _____
Address _____ Phone Number _____
Parent/Guardian Name _____
Number where you can be reached during this time _____
Emergency Contact _____ Relationship _____
Address _____ Phone Number _____
Medical Conditions that we should be aware of (allergies, asthma, etc.) _____
Alternate name of person permitted to pick up child _____

Signature of Parent or Designated Person picking up child

(Required at time of pick up)

Waterville Community Church

The JUNGLE Guidelines and Information

This event is designed to provide a day of fun for the kids while they are off school. Please review the following guidelines with your children so we can ensure that the day is as enjoyable and as safe as possible.

- List on the registration form any medical conditions of which we need to be aware (allergies, asthma, diabetes, epilepsy, etc.). Any medication that your child may need must be checked in at the time of drop-off. It will be kept in a safe place and returned to you at the time of pick-up. Our staff and volunteers are not authorized to dispense medication; therefore, in the event that your child requires medication during the day, s/he will be asked to self-administer with adult chaperone supervision.
- Lunch and snacks will be provided during the day. This is provided free-of-charge. Food and drink from home will not be permitted except in the case of pre-approved necessity due to medical conditions.
- When dropping off your children at 8:30am, please escort them into the building through the door under the canopy to the check-in station. You will be required to sign them out at the specified check-out station at 4:00pm when picking them up. You may designate an alternate person to pick up your children, but **only** the parent or the name provided will be permitted to pick up your children-**NO EXCEPTIONS!!**
- A completed registration form with emergency information is required.

I hereby give consent for the following medical care providers and/or local hospital to be called in the event of an emergency:

Physician_____	Phone Number_____
Dentist_____	Phone Number_____
Medical Specialist_____	Phone Number_____
Local Hospital_____	Phone Number_____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- (1) the administration of any treatment deemed necessary by the above named providers, or, in the event that the designated practitioner is not available, by another licensed provider
- (2) the transfer of the child to any hospital reasonably accessible.

Signature of Parent/Guardian

Date

Address _____ Phone Number _____

(If you do NOT consent, please provide us with additional information indicating your preference for our response in the event of an emergency.)