

**ALL SOULS INTERFAITH GATHERING
CHILDREN'S PROGRAM HEALTH FORM**

All Souls Interfaith Gathering Children's Program

Child's Name: _____

Age: _____ Grade: _____

Gender: _____ Date of Birth: _____

Parent(s)/Guardian(s) Names: _____

Phone: _____ home Phone: _____ cell

Address: _____

Health History

Please list any allergies, dietary requests and special needs: _____

If your child will be with another adult who will be responsible for them name that person below:

Name: _____ Relationship _____

Phone: _____ home Phone: _____ cell

May we re-produce All Souls Interfaith Gathering Children's program pictures in which your child may appear? yes no

**PARENTS/GUARDIANS OF CHILDREN NEED TO STAY ON ASIG GROUNDS
DURING CHILDREN'S CLASS-
YOU CAN JOIN THE BOOK GROUP/HELP IN THE KITCHEN/HELP
TEACH/GREET FOR EVENSONG/WALK THE LABYRINTH/WALK THE
SACRED EARTH WHEEL OR JUST SIT AND RELAX, READ A BOOK OR
MEDITATE!**

There is a \$25 fee for the Children's program, checks to be made out to ASIG with child's name and Children's program in the memo.

We have scholarships and work trade available contact Lisa Desmond at ASIG for information.