## EDUfest KIDS! (Ages 5-7 and/or 8-12)

Deadline: August 5, 2014

Payment: Cheque or money order made out to Minister of Finance Contact: Sheila Munro at munrosm@gov.ns.ca

st Name:	Last Name:	Ag	je:	Health Card #:	
Please indicate food alle	ergies / medical condition	ons, or special needs fo	r the partic	iipant:	
		., 2. 2, 23			
Sibling(s) Information	1				
First Name:	Last Name:	Ac	ιο.	Health Card #:	
Thist Name.	Last Name.	, A	je.	Health Caluπ.	
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First Name:	Last Name:	Ag	je:	Health Card #:	
Please indicate food alle	ergies / medical condition	ons, or special needs fo	r the partic	cipant:	
Parent/Guardian Info	rmation				
First Name:	Last Name:	Ph	one #:	Email #:	
Workshop(s) parent/gua	ardian will be attending	:			
Alternative Emergency Contact Name:		Phone #:		Relationship to child(ren):	

Check	Date	Cost (per child)	Name of child(ren) attending:	Age 5–7	Age 8–12
	August 11	\$20			
	August 12	\$20			
	August 13	\$20			
	August 14	\$20			
	August 15	\$20			