



SECWÉPEMC CHILD & FAMILY SERVICES

"Strengthening our Children, Families and Communities"

Registration Form: In Service Day Oct 21 – Rattle Making

First Name: _____ Last Name: _____

Age: _____ Gender: _____ Birthdate: _____
(dd/mm/year)

Band Affiliation: _____

Allergies: _____

Is an EpiPen needed: Y / N

Please ensure that the coordinator knows placement of the EpiPen

Emergency Contact Name: _____

Phone #: _____ Alternative #: _____

Email Address: _____

Signature

(dd/mm/year)
Date

Main Office:

300 Chilcotin Rd., Kamloops, BC V2H 1G3
Ph: 250-314-9669 Fax: 250-314-9609