



REGISTRATION FORM

ONE FORM PER CHILD

CHILD'S NAME: _____

AGE: _____ GRADE (ENTERING IN SEPTEMBER): _____

ADDRESS: _____

POSTAL CODE: _____

PARENT OR GUARDIAN: _____ PHONE: _____

CELL: _____

E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____ CELL: _____

MAY MY CHILD HAVE A SNACK: _____

ALLERGIES: _____

MEDICAL CONCERNS: _____

WHO CAN PICK-UP CHILD FROM PROGRAM: _____

NOTE: I WAIVE ANY RESPONSIBILITY TO ALL STAFF AND VOLUNTEERS FOR ANY INJURY THAT MAY OCCUR TO MY CHILD, OR LOST OR DAMAGED ITEMS THAT MY CHILD MAY BRING WITH THEM. I FURTHER UNDERSTAND THAT PICTURES AND VIDEOS OF MY CHILD MAY BE TAKEN FOR THE USE OF CHURCH ADVERTISEMENT AND PROMOTION.

PARENT OR GUARDIAN'S SIGNATURE