2016-17 Kid's Club Registration

1. Child's Name _____ Age _____ Grade ____

Date of Birth ____/____/_____ Gender: M or F

Allergies _____

2. Child's Name _____ Age _____ Grade ____

Date of Birth ____/____/_____ Gender: M or F

Allergies _____

3. Child's Name _____ Age _____ Grade ____

Date of Birth ____/____/_____ Gender: M or F

Allergies _____

Parent/Guardian(s) _____

Home Address _____

Phone (Home) _____ Phone (Cell) _____

Email Address _____

Other Emergency Contact _____ Relation _____

Phone _____

In our Children's Ministry we may take photos or videos during class time and fun events. Please initial if you **do not** want your child(ren) to be photographed. _____

Medical Information

Physician, Insurance Plan and Policy #

_____

I authorize Stone Creek Christian Church to seek emergency medical services if needed for my child.

Parent's Signature _____ Date _____