

# FABIC REACH KIDS CLUB

## 2010-2011 Registration Form

Last Name(s)	First Name(s)	Date of Birth	Grade	M/F

<b>Parent/Guardian Name(s):</b>	
<b>Mailing Address:</b>	<b>Home Phone:</b>
<b>City, State, Zip:</b>	<b>Cell Phone:</b>

**Please provide your email to receive updates and information on upcoming Club events.**

**Email:** \_\_\_\_\_

Club members live with (circle one)      **Both Parents**      **Father**      **Mother**

**Guardian (name of guardian)** \_\_\_\_\_

**Please specify any special custody situations that should be noted by Clubs. (If applicable)**

\_\_\_\_\_

\_\_\_\_\_

**Please list any allergies your child(ren) has or any medications your child(ren) is currently taking**

\_\_\_\_\_

\_\_\_\_\_

**In case of illness or injury, Clubs will make every attempt to contact a parent/guardian. In the event a parent/guardian cannot be reached, please provide a list of emergency contact persons:**

Name	Relationship to Child(ren)	Phone Number

**In the event of a medical emergency that appears to require more extensive care than can be given at church, it may be necessary for us to seek immediate professional care and assistance. Therefore,**

\_\_\_\_\_ I hereby authorized medical treatment in an emergency situation in the event I cannot be reached.

(initial)

**Children must be picked up in the sanctuary by a parent, guardian, or older sibling by 8:30.**

**If there are special circumstances for your child's release/pick up, please note them here:**

\_\_\_\_\_

\_\_\_\_\_

**My child(ren) has permission to be dismissed at 8:25 to walk home.** \_\_\_\_\_

(initial)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**We do / do not (circle one) attend Church.      Name of Church:** \_\_\_\_\_