

FABIC REACH KIDS CLUB

2011-2012 Registration Form

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

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

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:

Check and initial here if your children have 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: _____