



Covenant Presbyterian Church  
6695 Mae Anne Avenue, Reno NV 89523  
(775)746-8118 www.covenant-reno.org



**After School Program**  
**Registration Form 2019 Spring Semester**

Wednesday Afternoons from 2:15-5:30 pm with after school pick-up available  
from Westergard at 2:15 pm and Rollan Melton at 2:45 pm.

**Registration fee: \$40 Per Child**

**Child Information**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Gender: \_\_\_\_\_ School attending: \_\_\_\_\_ Church attending: \_\_\_\_\_

**Medical Information**

Allergies, Special Needs, Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Mother/guardian's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/guardian's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Additional adults authorized to sign out my child:

Name	Relationship	Phone Number

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**PLEASE TURNOVER AND COMPLETE BACK OF REGISTRATION FORM**

**Communications Release**

Throughout the year, we may send you important Children’s Ministries information, such as schedule changes, special events, and program updates. May we send this information to an e-mail address?

**No Yes Email Address:** \_\_\_\_\_

**Medical Treatment Release**

In the event that medical treatment is needed for your child, every effort will be made to contact a parent. If this is not possible, do you give permission to the ministry staff to secure any necessary medical treatment for your child?

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization. The undersigned also hereby gives permission for my child to ride in any vehicle designated by employees/agents of Covenant Presbyterian Church while attending and participating in church sponsored events.

**No Yes (signature needed)** \_\_\_\_\_

**Photo/Video Release**

I hereby grant Covenant Presbyterian Church and its employees/agents permission to capture and publish photos and video of my child in any or all of its publications including electronic media for the promotion of Covenant Presbyterian Church programs.

**No Yes (signature needed)** \_\_\_\_\_

**School-Church Connections**

**Please initial to verify that you will contact the church when your child is absent from school**

For the safety of your child, we need to be notified if your child is not in attendance at school on a Wednesday and will not be needing afterschool pick up. Please contact the church before 2:00 pm so we know that we will not be waiting for your child afterschool that day.

**Please initial here if you would like your child to spend about 20 minutes each Wednesday on homework and/or reading. We will provide a quiet place for your child to work.**

**How did you hear about Kid’s Club?**

- Church Announcement
- Friend or Relative
- Website
- Social Media (i.e. FaceBook)
- Flyer from School
- Other \_\_\_\_\_