

Registration Form

Please return this form to the church office. **There is a registration fee of \$35 per student.** Checks can be made out to Covenant Presbyterian Church with 'Kid's Club' written on the memo line of the check.

| Family Information | | | | |
|-----------------------------------|--------------------|--------------------------|------------------------|--|
| Parent/Guardian Name(s): | | | | |
| | | | | |
| Mailing Address: | | | | |
| Phone Home: | | | | |
| E-mail: | | Best way to reach | me: Phone Email Text | |
| | | | | |
| Emergency | Contact & Pickup I | nformation (Other | than Parent) | |
| Emergency Contact : | | Phone: | Relationship: | |
| Adults Authorized to pickup stude | nt(s): | | | |
| Name: | _ Relationship: | | Phone: | |
| Name: | _ Relationship: | -11010121010- | Phone: | |
| - | | | | |
| Student Information | | | | |
| Name: | | Gender: M / F | Birthday: / / | |
| School Attending: | | | \$4 84 PROFES DE 10 CO | |
| Allergies/Special Needs/ Notes: | | | S 21 21 10 10 10 | |
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| | | also 122 access to the | | |
| Name: | | Gender: M / F | Birthday:/ | |
| School Attending: | | | Grade in School: | |
| Allergies/Special Needs/ Notes: | | | | |
| | | | | |
| Name: | | Gender: M / F | Birthday:/ | |
| School Attending: | | | Grade in School: | |
| Allergies/Special Needs/ Notes: | | | | |

| Medical Treatment Release | | | | |
|--|--|--|--|--|
| | your student, every effort will be made to contact a parent. try staff of Covenant Presbyterian Church to secure any | | | |
| medical or dental services rendered to the aforem | Il costs and expenses incurred in connection with such entioned student pursuant to this authorization. The undent to ride in any vehicle designated by employees/agents and participating in church sponsored events. | | | |
| Signature of Parent/Guardian: | | | | |
| Absences & After School Pickup | | | | |
| For the safety of your student, we need to be notified if your child is not in attendance at school on a Wednesday and will not be walking to church. Please contact the church office at 775-746-8118 before 1:00 pm so we know that we will not be waiting for your child that day. Failure to contact the church may result in your child being removed from the Kid's Club XL Program. | | | | |
| Signature of Parent/Guardian: | | | | |
| | | | | |
| Photo/Video Release | | | | |
| I hereby grant Covenant Presbyterian Church and its employees/agents permission to capture and publish photos and video of my student in any or all of its publications including electronic media for the promotion of Covenant Presbyterian Church programs. | | | | |
| Signature of Parent/Guardian: | | | | |
| Additional Information: | | | | |
| Additional miorination. | | | | |
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| How did you hear about Kid's Club XL? | | | | |
| ☐ Church Announcement | ☐ Social Media (i.e. FaceBook) | | | |
| ☐ Friend or Relative | ☐ Other | | | |
| ☐ Website | | | | |
| - website | | | | |