



Fall 2025 Registration Form /Date: _____

Please return this form to the church office. **There is a registration fee of \$45 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: _____ Work: _____ Cell: _____

E-mail: _____ Best way to reach me: ☐ Phone ☐ Email ☐ Text

Emergency Contact & Pickup Information (Other than Parent)

Emergency Contact : _____ Phone: _____ Relationship: _____

Adults Authorized to pickup student(s):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Student Information

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: _____

Name: _____ Gender: M / F Birthday: ____/____/____

School Attending: _____ Grade in School: _____

Allergies/Special Needs/ Notes: _____

PLEASE TURNOVER AND COMPLETE BACK OF REGISTRATION FORM

Medical Treatment Release

In the event that medical treatment is needed for your student, every effort will be made to contact a parent. If this is not possible I give permission to the ministry staff of Covenant Presbyterian Church to secure any necessary medical treatment for my student(s)?

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 student pursuant to this authorization. The undersigned also hereby gives permission for my student to ride in any vehicle designated by employees/agents of Covenant Presbyterian Church while attending 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:**How did you hear about Kid's Club XL?**

☐ Church Announcement

☐ Friend or Relative

☐ Website

☐ Social Media (i.e. FaceBook)

☐ Other
