



# McClure United Church Child Registration Form 2019-2020 Program Year

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ School Grade \_\_\_\_\_

Birth date (dd/mm/yy) \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Worship Service usually attended: 9:15 a.m. \_\_\_\_ 11:00 a.m. \_\_\_\_

Allergies or other conditions we should be aware of (food reactions, physical limitations etc.)

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

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Occasionally photos are taken of the children in Rainbow Village for use in a Sunday morning power point, for a church display board or in a newsletter. I, the undersigned, give permission for my child's photo to be used for these purposes.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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I, the undersigned, do hereby authorize emergency medical, dental, health or hospital services to be rendered to my child upon consent of a McClure United Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with McClure United Church's programs when I or my emergency contact is unavailable to give such consent.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_