



McClure United Church Child Registration Form 2018-2019 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 church member Joyce Lenz provides musical leadership for the children.

Is your child interested in this music ministry? Yes No

If "yes", may we provide Joyce with your contact information? Yes No

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Occasionally photos are taken of the children in Rainbow Village for use in a Sunday morning powerpoint, 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 _____