

KIDS ALIVE

A Program for JK to Grade 5 on Wednesdays from 6:30 to 8 PM

Kitchener MB Church, 19 Ottawa St. N., Kitchener ON N2H 3K2

REGISTRATION

Dear Parent,

We would like to keep your child as safe as possible while in our care. If your child requires emergency medical attention and we are not able to contact you or the other name provided, we will take the steps necessary to ensure that your child is treated.

We remind you of potential health concerns. Please keep your child at home if she/he comes down with a condition that is easily spread such as a bad cold, flu, fever, head lice, pink eye, impetigo, etc. If a particular health condition persists, you may be requested to provide a doctor's certificate verifying that the condition will not spread.

Thank you for your cooperation.

-PLEASE PRINT-

Child's Name: _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

Birth Date: _____ / _____ / _____ Male Female
dd / mm / yyyy

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ - _____ - _____ E-mail: _____

Mother's Name: _____ Mother's Cell Phone: _____ - _____ - _____

Father's Name: _____ Father's Cell Phone: _____ - _____ - _____

Guardian (if applicable): _____ Guardian's Phone: _____ - _____ - _____

Grade (Sept.): _____ School: _____

Any Home Church? _____

Health Concerns: _____

Emergency Contact: _____ Phone: _____ - _____ - _____

At Dismissal:

- I will pick up my child from the church office entrance.
- I give permission for my child to be released from his/her classroom at the end of the program and have a pre-arranged meeting place: _____
- _____ has permission to pick up my child from the church office entrance.

I give permission for Kids Alive staff to photograph and video my child for church newsletters, bulletin boards, website, etc. Yes No (If NO, please provide a photograph of your child for cross-checking.)

Name of parent/guardian (PLEASE PRINT): _____

Signature: _____ Date: _____