

MIDDLE SCHOOL

A Program for Grades 6 to 8 on Wednesdays from 6:30 to 8 PM

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

REGISTRATION

Dear Parents,

We at KMB would like to keep your child as safe as possible while in our care. Please take the time to fill out the information below. If your child requires emergency medical attention and we are not able to contact you or the alternate names provided, we will take the steps necessary to ensure that your child is treated.

We would like to 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: _____ Home Telephone: _____ - _____ - _____

Postal Code: _____ E-mail: _____

May we add you to our e-mail list for updates on the Middle School program and special events? Yes No

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

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

Guardian (if applicable) _____ Guardian's Cell 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.
 _____ has permission to pick up my child from the church office entrance.

I give permission for Middle School staff to photograph and video my child for church newsletters, bulletin boards, website, social media, etc.

Yes No (If NO, please provide a photograph of your child for cross-checking.)

Name of parent/guardian (PLEASE PRINT): _____

Signature: _____ Date: _____