

## K4C -- Registration for 2020 Winter Session

(1) Child's Name: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Food allergies: Yes No Medical Concerns: Yes No

Explanation if necessary \_\_\_\_\_

(2) Child's Name: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Food allergies: Yes No Medical Concerns: Yes No

Explanation if necessary \_\_\_\_\_

(3) Child's Name: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Food allergies: Yes No Medical Concerns: Yes No

Explanation if necessary \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Persons other than parents who have permission to pick up child:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*I give the permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims with respect to copyright ownership and publications including any claim for compensation related to use of the materials.

\*\*\*\*\*I give permission to the Richmond United Methodist Church of the East Ohio Conference to use pictures of my child, listed above, in promotion of events, including the Richmond United Methodist Church website, and worship services at these events. I realize that no names will be attached to these pictures.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_