

Fee \$15 per child _____paid

SPARKSKIDS CLUB REGISTRATION FORM

SHENSTONE BAPTIST CHURCH 2019 - 2020

Child's Full Name: _____ Birthdate: _____

Grade: _____ Gender: _____

Medical Allergies/Concerns: _____

Parent's/Guardians' Names: _____

Who will usually pick up your child after club? _____

Is there anyone specific who may NOT pick up your child? _____

Address in full: _____

Phone numbers: H: _____ C: _____ whose? _____

C: _____ whose? _____ Email address: _____

EMERGENCY CONTACT INFORMATION: (if parent/guardian cannot be reached)

Name: _____ Relationship: _____

Phone: _____

Family Doctor: _____ Family Dentist: _____

Health card #: _____

Precautions are taken for the safety of your child, but in the event of accident or sickness, Shenstone Baptist Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permission to the physician selected by Shenstone Baptist Church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Your Child must be covered by Provincial Health Insurance or equivalent medical insurance

I GIVE PERMISSION FOR MY CHILD TO: (Initial to show your agreement to the following):

____ Have my photo taken for classroom display and PowerPoint/video presentation at Shenstone

____ (necessary) Can leave the premises, with the teacher, for fire drills

Signature of Parent/Guardian: _____

Date: _____