



Christian Reformed Church

AFTER SCHOOL PROGRAM REGISTRATION



Name (of student) _____ Age _____ Birth Date _____ School _____ Grade _____

Parent(s) Name(s) _____

Address _____

City _____ State _____ Zip Code _____

(_____) _____

Parent / Guardian contact phone number _____ Email address _____

(_____) _____

Emergency phone number _____ Permission given for the above named to pick up my child. _____

Home Church: _____

Please enroll my child in the following class(es) 8-week session (Wednesdays—3:00—5:00 p.m.) Max. Class Size 8, Min. 3

January 29, 2020–March 18, 2020 (put 1 for first choice and 2 for second

NEW!

Tae Kwon Do

Art Class

GEMS (Girls' Club)

Cadets (Boys' Club)

Magic Class

Kids' Dance

Stomp Band

Please initial:

_____ I give permission for my child to attend and participate in the After School Program sponsored by Ada Christian Reformed Church (Ada CRC).

_____ I give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Ada CRC.

_____ Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation responsibilities.

_____ In the event of emergency, I give permission for Ada CRC leaders to seek appropriate medical attention.

_____ The opportunity may arise that photographs will be taken of my child during the After School Program. These photos may be used for promoting the program in our church publications and events. I give permission for photos of my child to be used for the above mentioned purposes.

_____ We expect each student to conform to these rules of conduct:

- Participation with the group is expected
- Respect one another, staff, and adult leaders
- Respect and comply with program schedules
- Respect property

Signature:

Parent / Guardian _____

Date _____

Please List any allergies or special medical problems your child may have.

