



# Registration Form 2017-2018

## CHARGE

Thank you for registering your child for **CHARGE**. Please complete the registration form below. You can mail it or drop it off at Calvary Gospel Church, 4129 Hixon Street, Beamsville, ON L0R 1B7. Or email it to [office@calvarygospel.ca](mailto:office@calvarygospel.ca). If you have any questions, please contact Devin Groff at 289-228-1908/[groffde@gmail.com](mailto:groffde@gmail.com) or Jessica Martin at 905-359-6055/[jessicam@calvarygospel.ca](mailto:jessicam@calvarygospel.ca)

### CHILD INFORMATION:

Child's Name:	Address:
Male <input type="checkbox"/> OR Female <input type="checkbox"/>	City:
Birth Date:	Postal Code:
Grade as of September 2017:	Health Card Number:

### PARENT/GUARDIAN INFORMATION:

Parent(s)/Guardian(s) Name:
Relationship to Child:
Home Phone:
Cell Phone:
Email:
Home Church (if Applicable):

Please provide information of other individuals in case of emergency and we are unable to contact you.

Name	Relationship to Child	Phone

In an effort to ensure safety and reduce confusion at the end of our night, please **pick-up your child from his or her classroom at 8:00 pm**. If someone else will be picking-up your child, please list the names of those individuals below:

Name	Relationship to Child

**How did you hear about CHARGE? (Circle)**

Website      /Advertisement      Friend      Mail Out      Calvary Adventure Camp      Other:

**Youth T-Shirt Size :**

XS                  S                  M                  L                  XL

**Special Activity Nights:**

We will be having special activity nights several times throughout the year where children will get to participate in various activities for the evening such as costume party, Lazer Tag, Christmas party, baking, science, music, games etc.

Does your child have any special learning needs, allergies, any medical condition for which our staff should be made aware of? (circle) **NO**    **YES**    If yes, please provide details (use separate sheet if necessary):

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**Medical Statement & Informed Consent**

I understand that in the case of emergency or illness, Calvary staff will make every effort to contact the child's parents or guardians. In the event that staff cannot contact me, I agree that a qualified medical physician may attend to my child. I agree to hold blameless the Charge ministry staff, from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Calvary Gospel Church as well as any medical treatment authorized by the supervising individuals representing the church.

Children enrolled in **CHARGE** may be involved in some of the following activities: running, games, crafts, contact with animals, and using the Calvary Gospel Church facilities. Throughout the year, **CHARGE** staff will also take pictures of the children participating in various activities. Some of these pictures will be used to promote **CHARGE** to our church and/or the community through displays, flyers, DVD or other media.

**I permit Calvary Gospel Church to use photos of my child(ren) for the promotion of CHARGE as described above. Please initial here → \_\_\_\_\_**

**I hereby give permission for my child to participate in all CHARGE activities.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHARGE Fee:** Registration for the 2017-2018 year is \$30.00/child. Cheques made payable to Calvary Gospel Church.

<b>Office Use Only:</b> Fee: \$30.00	Total Paid _____ ( cash    cheque)
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