



Discovery Kids Registration Form

Family Name: _____

Parent / Guardian Names

Name: _____ Gender: _____ Birthday (m/d/y): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Home email: _____ Personal email: _____

Name: _____ Gender: _____ Birthday (m/d/y): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Home email: _____ Personal email: _____

| <u>Children's Names</u> | Gender: | Birthday (m/d/y): | Age: | Grade: |
|-------------------------|---------|-------------------|------|--------|
|-------------------------|---------|-------------------|------|--------|

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Allergies or other medical conditions: _____

Continue on Back...

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Emergency Permit: In case of an emergency, I hereby give permission to the paid or volunteer staff to secure proper treatment for my child(ren) named above. (We'll attempt to contact parents before such an action.)

Signature of parent / guardian: _____ Date: _____

Alternate emergency contact name: _____ Phone: _____

Photos: I give permission for High River Full Gospel Church to use photographs of my child(ren) in church materials / publications. (No names will be published with these photos.)

Signature of parent / guardian: _____ Date: _____

Alternate emergency contact name: _____ Phone: _____

The above information is being collected for the private and confidential use of the High River Full Gospel Church Staff and ministry leaders / volunteers to whom the information pertains to. No information will be shared without your written consent.