

AMAZING WEDNESDAYS

AMAZING BEGINNINGS
4 & 5 Year Olds

AMAZING DISCOVERIES
K – 2ND GRADE

AMAZING JOURNEYS
3RD – 6TH GRADE

Office Use Only

Registration is \$25 per child or \$1/week, per child

Children ___ X \$25 = ___

Dues paid weekly

Books for:

K to 2nd grade \$10.00

___ X \$10 = \$ ___

3rd-6th \$15 (Binder & handouts)

___ X \$15 = \$ ___

T-Shirts ___ X \$10 = \$ ___

Tote bag ___ X \$7 = \$ ___

Total: \$ ___

Cash or Check# _____

Parent(s) Name _____

If you know we have your most updated contact information on our database, you may skip the boxed section.

Address _____ City _____

Zip _____ E-mail _____

Phone (____) _____ Cell (____) _____

OK to text.

Emergency Contact _____ Phone (____) _____

Current Church: Cypress/Los Al Church ___ Other ___ None ___

Child's First Name _____ Last Name _____ M / F

Grade in fall 2017 _____ Birthdate _____ Shirt Size: S M L XL

Allergies/Medical Info: _____

Office Use Only

Supplies

Purchased	Received
___ Book	___ Book
___ T-Shirt	___ T-Shirt
___ Tote Bag	___ Tote Bag

___ SG assigned in database

Child's First Name _____ Last Name _____ M / F

Grade in fall 2017 _____ Birthdate _____ Shirt Size: S M L XL

Allergies/Medical Info: _____

Office Use Only

Supplies

Purchased	Received
___ Book	___ Book
___ T-Shirt	___ T-Shirt
___ Tote Bag	___ Tote Bag

___ SG assigned in database

Child's First Name _____ Last Name _____ M / F

Grade in fall 2017 _____ Birthdate _____ Shirt Size: S M L XL

Allergies/Medical Info: _____

Office Use Only

Supplies

Purchased	Received
___ Book	___ Book
___ T-Shirt	___ T-Shirt
___ Tote Bag	___ Tote Bag

___ SG assigned in database

(See next page)

AMAZING WEDNESDAYS

2017 – 2018

Medical Release (one per family):

I, the undersigned parent or legal guardian of the following minor/minors: _____, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care to which the aforementioned physician in the exercise of his/her best judgment may deem advisable. **It is understood that all reasonable effort shall be made to contact the undersigned prior to rendering treatment of the patient/patients, but that any of the above treatment will not be withheld if the undersigned cannot be reached.** This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California and shall remain effective until June 1, 2017. I in consideration of the benefits to be derived from the aforesaid programs, I hereby waive any claim against Cypress Church.

Video and Photo Release: I understand photographs **may** be taken of my child/children and a video may be produced and used for ministry purposes. There is no compensation for these photos and this permission is valid while your child attends any campus of Cypress Church.

Parent or Guardian Signature _____

Date ____ / ____ / ____