

PowerUp Kids Club Registration 2019-2020

Today's Date: _____

Child's Name: _____ Grade: _____

Child's Birthdate: _____

Parent(s): _____

Address: _____ City _____ Zip _____

Parent Email: _____

Cell Phone: _____ Home Phone: _____

Best phone number to contact parent on a Wednesday night:

Emergency Phone number if parent cannot be reached:
Contact Name: _____ Phone: _____

Food Allergies or medical concerns: _____

Would you be willing to occasionally help in your child's class? Yes ___ No ___

Parent Signature: _____ Date: _____

Permission to Photograph: Occasionally we post video or photos on our website (www.christchurcheastmoline.org), our Facebook page or the newspaper. If you do not want your child's photo to appear in these public forums, please make your wishes known below.

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_____ I do not want my child's photo to appear on any printed, video or internet communications from the church.