



WAIVER & CONTACT INFORMATION – KIDS FOR CHRIST (KFC) CLUB

CHILDS NAME: _____

GRADE (AS OF SEPT) _____ ADDRESS: _____

HOME PH#: _____ EMAIL ADDRESS : _____

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

PROVINCIAL HEALTH NUMBER: 6 DIGIT _____ 9 DIGIT _____

MOTHER’S NAME: _____ FATHER’S NAME: _____

PARENTS CELL# : MOTHER _____ FATHER _____

PARENTS WORK#: MOTHER _____ FATHER _____

AUTHORIZED PERSONS FOR PICKUP: _____

PERSON TO CONTACT IN CASE OF ACCIDENT OR EMERGENCY, IF PARENTS ARE NOT AVAILABLE.

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO CHILD: _____

MEDICATIONS: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

ANY INFORMATION NOT COVERED ABOVE: _____

My child can be photographed at club activities Yes _____ No _____

K.F.C. will assume responsibility for each child that is enrolled in the program, as soon as that child enters the church building. They will remain under the supervision of the leaders and are not allowed to leave [except for an approved field trip/party] until signed out by a parent or designated alternate as approved on this registration form.

I AUTHORIZE /GIVE PERMISSION FOR MY CHILD TO TAKE PART IN THE KIDS FOR CHRIST (KFC) CLUB ACTIVITIES AND DO NOT HOLD RESPONSIBLE THE KFC BOARD OR BINS-CARTH CHRISTIAN ASSEMBLY FOR ANY ACCIDENTS OR INJURIES.

DATE: _____ SIGNATURE OF PARENT OF GUARDIAN: _____