

CALVARY KIDS CLUB

Registration Form (FREE Admission! LIMITED SPACE, due June 17th)

When: June 26th to June 28th (3 DAYS) 10am to 12:30pm

Who: Going into Kindergarten thru 6th Grade in Sept. 2023

Child's First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ School Grade going into (Sept 2023) _____

Name of School _____ Email: _____

Circle one: **Boy** **Girl** Age: ____ Date of Birth: _____

Mom's/Legal Guardian Name: _____ Cell phone: _____

Dad's /Legal Guardian Name: _____ Cell phone: _____

In case of emergency, Contact: _____ Phone #: _____
(List a relative or someone who can act in your behalf in the event you or your spouse cannot be reached)

Who will **drop off** your child: _____ Phone# (if a friend): _____

Who will **pick up** your child: _____ Phone # (if a friend): _____
(Please note: If a name is not listed above, your child will not be released.)

How did you hear about us? attend CCOH relative or friend of CCOH Flyer neighborhood other _____

MEDICAL RELEASE FORM (must be completed and signed otherwise child cannot participate in program)

Does your child have any allergies [dairy, peanuts, wheat, grass, insects]? No if Yes, please list allergies _____
_____ are they required to have an EIPEN? No Yes

Medical Conditions: No If yes, list _____

Does your child have **Asthma**? Yes No Do they use a **rescue Inhaler**? Yes No

Does your child have **special needs** for which we need to assign an extra helper? Yes No

IMPORTANT: If your child requires EIPEN, or rescue Asthma inhaler, then they MUST bring with them, labeled with your child's name, or he/she will not be allowed to participate. Inhalers/EIPENS can be collected from Registration at the end of the 3 days, or brought in each morning, given to Registration, and taken home at end of each day.

We, _____ the parents of _____ hereby consent to our child participating in the following activity with Calvary Chapel of Hope, Amityville, New York

• Calvary Kids Club • Calvary Chapel of Hope • June 26th – June 28th, 2023 •

In Consideration of the said Calvary Chapel permitting our child to participate in the aforesaid activity, we hereby agree to indemnify and save harmless said Calvary Chapel, its officers, volunteers, adult chaperones, employees and agents against any and all claims for loss or liability incurred by, or caused to our child as a result of said activity.

If I cannot be reached, I grant permission to any physician or emergency medical personnel to render medical treatment as necessary.

Media Release Form:

I understand and agree with my signature that Calvary Chapel of Hope (CCOH) retains the right to use (without personal information) any photographs, videotapes or any other record of this event for the church's website and/or facebook page, publicity, advertising, or any other legitimate purpose.

I acknowledge all the above information and give Calvary Chapel of Hope authorization to proceed accordingly.

Parent Name/ Legal Guardian (Print)

Parent/ Legal Guardian Signature

Date

**PLEASE MAIL TO: Calvary Chapel of Hope, 803 County Line Road, North Amityville, NY 11701
(631) 789-4837 www.calvarychapelofhope.org**