

**CALVARY KIDS CLUB DAY**  
**COST \$5 Registration Form DUE March 1st**  
**When: Saturday MARCH 9th 11am to 2pm**  
**Who: 4yr old thru 6<sup>th</sup> Grade**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ School Grade \_\_\_\_\_

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 EPIPEN?  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 EPIPEN, 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/EPIPENS 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 DAY • Calvary Chapel of Hope • Saturday March 9th, 2024 •**

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**