

KIDS CLUB REGISTRATION FORM

*Please return this completed form to Community Church of Joy c/o Director of Children's Ministries.
723 233rd Ave NE, Sammamish, WA 98074 or e-mail to children@cco.org*

Child(ren)'s Name	Birth Date	Age/Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Name(s) _____

Address _____ City _____ Zip _____

Home Phone(_____) _____ E-mail _____

Cell Phone(_____) _____ Church Affiliation _____

Medical and Emergency Information

Are there any medical problems or allergies that we should be aware of? _____

Health Insurance Company _____

Name of Policy Holder _____ Policy Number _____

If a parent cannot be reached at the numbers above, please list someone your child can be released to in the event of an emergency. Name _____ Phone(_____) _____

The afore mentioned child(ren) has my permission to attend Kids Club at Community Church of Joy. I hereby release Community Church of Joy and those involved in organizing and implementing Kids Club activities from any responsibility and/or liability in the case of an accident or injury incurred at Kids Club.

I hereby authorize any of the Community Church of Joy Kids Club leaders, who are 18 years of age and older, to consent to any medical or surgical treatment of the above named child which such person deems advisable IN CASE OF EMERGENCY.

We are so glad your child is a part of our program! Children's Ministries occasionally takes photos for promotional use. If you would like your child(ren) excluded from being shown, please contact the office. Otherwise, we will consider this signature consent for such purposes.

Parent/Guardian Signature _____ Date _____