

# Kids Club

Boulevard Presbyterian Church  
September-December 2011

## Registration Information:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Parent's/Gardian's name(s) \_\_\_\_\_

• My child has permission to go home with the following people •

(If your child has permission to walk home please indicate by writing 'walk' below)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\* Please come into the Church to pick up your child.

Kids Club Cost: \$2.00 per child or \$5.00 per family a night paid weekly  
or \$20.00 per child paid in full for the 13 weeks

## Medical and Release Information:

Medical conditions/allergies that may effect your child at Kids Club...

## Emergency Contact Numbers:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to attend Kids Club on Wednesday evenings at Boulevard Presbyterian Church. I understand that in the case of medical emergency I will be contacted. If I cannot be reached I give permission for church staff or adult volunteers to seek necessary medical treatment.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_