

Hilights

Wednesday evenings 7pm - 8pm

Child's Name.....

Child's Address.....

Date of Birth

Parent/Legal Guardian Name (print)

Parent/Legal Guardian cell number..... landline number.....

Alternate contact in case of emergency.....

Alternate Emergency contact cell number.....landline number.....

Allergies/health issues if applicable

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I give permission for to attend the Church of the Nazarene New Paltz Children's Club 2017/18. All activities will take place onsite, 170 State Route 32 N New Paltz. I understand my child will be released only to me unless informed in writing as indicated on the weekly registration sheet.

I give permission for any photos taken within the club to be used for publicity purposes (names will not be used at any time)

Parent/Legal Guardian

Signed.....

Date.....