

KIDS in ACTION Registration Form 2017-2018
Grades K-5
Wednesdays 6:45-8:00 p.m.

CHILD INFORMATION:

Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name(s): _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____)____-____ Grade: _____

E-mail Address (*print clearly*) _____

MEDICAL INFORMATION

Does your child have **allergies** or **medical conditions** the staff should know about?

YES / NO If yes, please specify:

EMERGENCY CONTACT INFORMATION

In the event of an emergency, the parent(s) listed above will always be contacted first. Please add the information below incase parent(s) cannot be reached.

Contact Person: _____ Relation to child: _____

Phone: (____)____-____

(over)

AUTHORITY TO PICK-UP

The following individuals are authorized to pick-up my child from WSCC.

1. _____
(Mother/Guardian)

3. _____
(Name/Relationship)

2. _____
(Father/Guardian)

4. _____
(Name/Relationship)

Student Photographs

Can your/your child's picture be posted on the church website or the church social media page?

YES / NO

PARENTAL CONSENT

I consent that my child, _____, is allowed to participate in West Suburban Community Church's KIDS in ACTION program.

Signature of Parent or Guardian

Date

Please return the completed form to the address below or bring it to KIDS in ACTION on Wednesday night. Thank you!

West Suburban Community Church
825 N Van Auken, Elmhurst, IL 60126
630-530-5018 / www.westsub.net