July 15-	19~6:00	UB 2024 F the Round Tabl p.m. – 8:00 p.m. y, July 21 st at 10 a	
		ION FORM G K-8 th GRADE THIS F	ALL
Child In	formation	(one form per child)	
Child's Name:		_ Date of Birth:	//
Parent/Guardian Name(s):			
Address: (Street)	(City)	(State)	(Zip)
Home Phone: ()			
Email Address:			
IMPORTANT: Does your the staff should know about If yes, please specify, and	t? YES / I	NO	
Emer		act Information	
Contact Person #1:		Contact Person #2	:
Relation to child:		Relation to child: _	
Home Phone: ()		Home Phone: (_)
Alt. Phone: ()		Alt. Phone: ()	
P In the event of a medical e Services, including transpo the following information a Child's Insurance Provider: Signature of Parent or Gua	mergency, w rt to the nea nd sign below	rest hospital/clinic. P w to authorize emerg Policy #: _	lease provide ency transport.
	Tululi		



Authority to Pick-Up/Dismiss

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

1.		3	
	(Mother/Guardian)	(Name/Relationshi	ip)
2.		4.	
	(Father/Guardian)	(Name/Relationshi	ip)

My child has my permission to leave Kids' Club by him/herself (i.e., to walk home, bike home, etc.). **YES / NO**

Parental Consent

I consent that my child, [name] ______, is allowed to participate in West Suburban Community Church's Kids' Club program.

Signature of Parent or Guardian

Date

Student Photographs

Photographs of students engaged in Kids' Club 2024 activities may be taken and used for in-church purposes (bulletin boards, slide shows, etc.). Your child's picture may also be posted on the church website or the church social media page (no names). Signature below provides consent.

Signature of Parent or Guardian_____

FOR MORE INFORMATION, PLEASE CALL, OR STOP BY!

West Suburban Community Church

825 N. Van Auken, Elmhurst, IL 60126 ~ Office phone: (630) 530-5018