

## KIDZ KLUB AT CALVARY GOSPEL CHURCH

Registration Form | September 2018 – April 2019

We hope you had a great summer and are ready for a new school year. We are excited to be starting another year of Kidz Klub at Calvary Gospel Church! Kidz Klub is for kids in JK all of the way to grade 8. We meet every Wednesday from 6:30 to 7:30pm. Each night the kids can expect to have a story from the Bible, games/crafts/cooking, a memory verse from the Bible, a snack, and (of course) lots of fun!

**The first night of Kidz Klub will be on Wednesday, September 12, beginning at 6:30pm.** Come a little bit early and bring this registration form with you (more will be available that night if needed). For pickup we ask that you pick up your child each night in the church foyer rather than having them meet you in the parking lot – that way we can know who each child is going home with and we can keep the kids safe with all of the cars that will be moving in the parking lot.

If you would like more information about the church you can check us out online at [www.calvarygospelbr.ca](http://www.calvarygospelbr.ca) or you can check out our church's Facebook page. We'll put reminders and announcements on the Facebook page for starting dates, ending dates, and special events.

If you would like more information you can send us an e-mail at [calvarygospel@hotmail.com](mailto:calvarygospel@hotmail.com) or you can give us a call at the church at 705-356-1066 and leave a message.

See you soon!

The Kidz Klub Team at Calvary Gospel Church



(Please Print)

CHILD'S INFORMATION (KINDERGARTEN TO GRADE 8) – KIDZ CLUB 2018-2019				
Last Name:	First Name:	Birthdate: / /	Age:	Grade:
Street address:	Home Phone:( )		Cell Phone:( )	
P.O. Box Number:	Email Address:			
Town:			Postal Code:	
Parent/Guardian Name:		Parent/Guardian Name:		
Who can your child be dismissed to from Kidz Klub?				
Please indicate if there is someone who should NOT pick up your child:				
Church affiliation (leave blank if none):				
I give permission for photos to be taken of my child for internal church advertising/updates (i.e. slide shows): Yes <input type="checkbox"/> No <input type="checkbox"/>				
HEALTH INFORMATION				
Child's Health Card No.:				
Does your child have food allergies or a chronic medical condition such as asthma, allergies, or diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, describe:				
Does your child carry medication for medical emergencies? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are they able to administer it to themselves: Yes <input type="checkbox"/> No <input type="checkbox"/>				
I give permission for my child to be taken to the hospital in case of a medical emergency after a reasonable attempt has been made to contact a parent or guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Patient/Guardian signature			Date	