

KIDZ KLUB AT CALVARY GOSPEL CHURCH

Registration Form | September 2019 – April 2020

For kids in Junior Kindergarten to Grade 6

We are excited to be starting another year of Kidz Klub at Calvary Gospel Church. The first night of Kidz Klub will be on **Wednesday, September 18, beginning at 6:30pm**. Come a little bit early and bring this registration form with you (more will be available that night if needed).

Each night of Kidz Klub will begin at 6:30pm. There will be workers at the church by at least 6:15pm if you want to drop the kids off a little bit early. Here's what the kids can expect each night: singing, games/crafts/cooking, a story from the Bible, Bible verse memorization, and a snack. Each night will end at 7:30pm. We ask that you pick up your child in the church foyer rather than having them come out to the parking lot on their own so we can know who each child is going home with and so we can avoid accidents in the parking lot.

If you would like more information about the church you can check us out online at 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 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 (JUNIOR KINDERGARTEN TO GRADE 6) – KIDZ CLUB 2019-2020				
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 the church's website or Facebook Page: 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	