

Kidzville@E-Free
Registration and Release

Name of Student _____
DOB _____ Age _____ Grade _____
Address of Student _____
City _____ State _____ Zip _____
Please list any of your child's allergies or other limitations

Name of Parents/Guardians _____
Address if different than student's _____
City _____ State _____ Zip _____
Home Phone _____, Cell Phone _____,
Other _____

Church Affiliation (Optional) _____
How did you learn of Kidzville@E-Free _____?
Would you be able to volunteer in your child's room? Yes/No?

The program begins October 8th and ends April 29th. The cost of the program is \$20 per child and a family cap of \$55.
Total Due \$ _____ Cash or Check # _____
Date Paid _____

By signing below, I give my permission for the above designated child to participate in all activities associated with Kidzville@E-Free at the Gaylord Evangelical Free Church for the period of October 8, 2008 through April 29, 2009. I understand that I am responsible for any costs associated with participation in this program. I also give my permission for the Gaylord Evangelical Free Church to use my child's photograph on a webpage, bulletin board or in a church publication.

Parent/Guardian Name _____
(Signature)

Parent/Guardian Name _____
(Printed)

Date _____

Medical Information and Release

In case of illness, injury or emergency and the parent/
guardian cannot be reached, I authorize the program sponsors
or their designees to contact the following persons:

(Name-Please Print) (Phone)

Relation to the Child _____
(Cell Phone)

(Name-Please Print) (Phone)

Relation to the Child _____
(Cell Phone)

If the above designated people cannot be reached, I authorize
treatment from the nearest available physician and/or
hospital. Please provide the following medical and insurance
information:

Allergies to Medication _____

Current Medication(s) _____

Known Medical Conditions _____

Name of Insurance _____

Name of Policy Holder _____

Policy Number _____

Parent/Guardian _____
(Signature)

Parent/Guardian _____
(Printed)

Date _____
