Parkdale Kids' Club Registration Form

Name of Child:		
Last Name:		
Age:		
Allergies:		
Medical concerns:		
Health card number OHIP#:		
Interests and hobbies of the child:		
Name of Parent/ Guardian:		
Email address of parent/guardian:		
Phone number:		
Emergency contact name and phone number and relationship to camper:		
-		
-		
Name of person(s) to pick up the child:		
-Name:	Phone #	
-Name:	Phone #	
Name(s) of other sibling(s) enrolled:		
Would the parent/Guardian be able to volunteer: what dates work best for you?		

CONSENT:

- Medical:

I, the undersigned parent/guardian, do hereby grant permission for my child, named above, to attend Kids' Club, a ministry of Parkdale United Church. In order that my child may receive the proper medical treatment in the event that my child may sustain injury or illness during Kids' Club, I hereby authorize the staff to obtain or provide medical treatment for my child for such injury or illness during the Kids' Club, and I hereby hold the staff, volunteers, and Parkdale Church, as well as

•	lity that my child may sustain physical illness or
☐ YES, I approve.	
- Media: Please initial below to grant permission for the readany or all of the following ways, brochures/promosocial media. No names will be attached to photomy YES to all media platforms YES to newsletter and other printed mathematical NO	stional printed material, church newsletters, websites in any of these.
Purpose and Extent Parkdale United Church is collecting and retaining enrolling your child in our programs, to assign the nurture ongoing relationships with you and your oupcoming opportunities at our Church. The collectinsurance company and legal counsel. YES, I understand.	e student to the appropriate classes, to develop and child, and to inform you of program updates and
Parent/ Guardian Signature	Date:
Thank you for registering your child in Park	dala Kids' Club

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