



Children's & Family Ministries

@ KFA



Child's Name: _____ DOB: _____ Age: _____
 Mother's Name: _____ Father's Name: _____
 Lives with mother: Yes No Lives with father: Yes No
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Cell/Work Number: _____
 E-mail: _____ Grade/School Entering: _____
 Emergency Contact Name: _____ Phone: _____
 Medical Conditions/allergies (include food allergies): _____

(Please continue on back side)

2009 - 2010 Boys & Girls Club Registration (Please Check All That Apply) Wednesday Night 6:30 pm - 8 pm			
<u>Clubs</u>	Cost on or before Aug 19th	Cost after Aug 19th	Total Amount
Friends (Boys' & Girls' Club)			
<input type="checkbox"/> 3 - 5 year olds	\$10.00	\$15.00	
iMPact (Girls' Club)			
<input type="checkbox"/> Daisies (Kindergarten)	\$20.00 <small>(Includes Book & Shirt)</small>	\$30.00 <small>(Includes Book & Shirt)</small>	
<input type="checkbox"/> 1st year Prims (1st Grade)	\$20.00 <small>(Includes Book & Shirt)</small>	\$30.00 <small>(Includes Book & Shirt)</small>	
<input type="checkbox"/> 2nd year Prims (2nd Grade)	\$10.00	\$20.00	
<input type="checkbox"/> 1st year Stars (3rd Grade)	\$20.00 <small>(Includes Book & Shirt)</small>	\$30.00 <small>(Includes Book & Shirt)</small>	
<input type="checkbox"/> Stars (4th & 5th Grade)	\$10.00 <small>(Price does not include crown)</small>	\$20.00 <small>(Price does not include crown)</small>	
Royal Rangers (Boys' Club)			
<input type="checkbox"/> Ranger Kids (Kindergarten)	\$20.00 <small>(Includes Book & Shirt)</small>	\$30.00 <small>(Includes Book & Shirt)</small>	
<input type="checkbox"/> Ranger Kids (1st & 2nd Grade)	\$10.00	\$20.00	
<input type="checkbox"/> Discovery Rangers (3rd Grade)	\$20.00 <small>(Includes Book & Shirt)</small>	\$30.00 <small>(Includes Book & Shirt)</small>	
<input type="checkbox"/> Discovery Rangers (4th & 5th Grade)	\$10.00	\$20.00	

Any current medical condition: _____

List prescription and non-prescription medications you are taking: _____

Drug sensitivity and allergies (describe): _____

Name of health insurance carrier: _____ Group no.: _____ Agreement no.: _____

Has your child ever been told they had one of the following? Please circle yes or no.

Lung disorder	yes	no	Arthritis	yes	no
High blood pressure	yes	no	Hepatitis	yes	no
Heart trouble	yes	no	Malaria	yes	no
Nervous disorder	yes	no	Disease or disorder of the blood?	(describe) _____	
Disease or disorder of the digestive tract	yes	no	Any physical defect or deformity?	(describe) _____	
Any form of cancer	yes	no	Any vision or hearing disorders?	(describe) _____	
Disease of the kidney	yes	no	Any life-threatening conditions?	(describe) _____	
Diabetes	yes	no	Any contagious disorders?	(describe) _____	

Medical & Liability Release - In the event of sickness, injury, or some medical emergency, I/we request that my/our child receive medical attention or treatment deemed necessary. Therefore, I/we the parent(s) / guardian(s) give permission to any hospital, doctor, and/or health care provider to transport, treat, and/or admit for care my/our child. In the event that I am/we are not present at the time of the emergency, my/our child's care had been entrusted to the staff and designated ministry leadership of Kenosha First Assembly of Kenosha, WI, while attending Wednesday night KITH Klubz.

I/we also release Kenosha First Assembly, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as any injury, sickness or death which may be sustained by my/our child as the result of any participation in Wednesday night KITH Klubz 2008—2009 or related functions or activities.

Signature of Parent(s) / Guardian(s): _____

Date: _____

Photo Release

Photo Release - I grant to KFA/KITH, its representatives and volunteers the right to take photographs of my child. I agree that KFA/KITH may use such photographs of my child with or without his/her name. KFA/KITH may use such photographs of my child for such purposes as publicity, illustration, and advertising.

Signature of Parent(s) / Guardian(s): _____

Date: _____

Parent Involvement

I can help with:

____ Room Leader ____ Helper ____ Security ____ Special Events

____ Crafts ____ Other (please specify) _____

Name: _____ Phone#: (Home) _____ (cell) _____

Best time to reach you: _____ Email: _____

For KITH Office Use Only

Total Due \$ _____

— Amt Pd \$ _____ Cash ____ Credit Card _____ Check # _____ Rec'd by _____ Date Pd _____

Balance Due \$ _____

Date Pd _____ Amt rec'd _____

Date Pd _____ Amt rec'd _____