

COTTAGE LAKE PRESBYTERIAN CHURCH
Kid Connect Registration Form – 2016-2017

Name _____ Birthday __/__/__

Grade _____ School _____

Address _____

City _____, WA Zip Code _____

Parents _____

Home Phone _____

Mom Cell _____ Dad Cell _____

Mom E-Mail _____

Dad E-Mail _____

Best Way/s to Contact You:

E-Mail Cell Phone Home Phone Text

Registration Fee \$120 per 30-week year
\$60 per half (Sept-Jan & Feb-May)

I DO/DO NOT (circle one) give permission for my child to be photographed and/or videotaped (for end of year slide show, etc.)

Are there any medical, developmental, behavioral, dietary or allergy concerns that we should know about that may affect the child's participation in Kid Connect? _____

In the case of a medical emergency, Cottage Lake Presbyterian Church staff/volunteers are authorized to get immediate medical assistance.

Parent Signature: _____ **Date:** _____