

**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:**\_\_\_\_\_