

Registration Form for Children's Day Out

at Covenant Presbyterian Church September 5, 2017 – May 17, 2018

\$20 per session due the beginning of each month.

Please include your \$25 yearly supply fee with this registration form.

Child's Name:	Birthday:
Day Requested: Monday Tuesday Wednesday	Thursday
Second choice:	
Parent(s):	
Sibling(s):	
Address:	Phone: (h)
	(c)
E-mail address:	
Parent at work and phone number:	
Emergency Contact:	
Persons Authorized to Pick Up Your Child:	
Allergies:	

What would you like us to know about your child?

Emergency Release

I give the staff at Covenant Presbyterian Church my permission to have my child	
transported to or to the nearest available source of assistance.	for emergency medical care
or to the nearest available source of assistance.	
Signature:	Date:
Photo/Ir	nage Release
Dear Families,	
	wonderful children so that we can share some of families. The children love seeing the pictures of
	we ask your permission to take their pictures and website. We are asking your permission and will never be used, just the images.
If you have any questions or concerns, ple Christian Education.	ase speak with Katie Kinnison, Director of
Thank you.	
Consent for Use of 1	Information and Persona
I hereby grant to Covenant Presbyterian Chur disseminate in any other form or medium any audio and other images or likenesses of my componential materials, web features and/or a	hild for use in news stories, publications,
Name of child or children (print please)	
Parent or Guardian's Name	
Signature	
Date	

1/2017