

Puggles Registration Form 2018-2019

(Puggles must be between two and three years old)

CHILD'S LAST NAME:	FIRST NAME	MI
DATE OF BIRTH//(Month/Day/year)	_ Age:	
Address:		
	State: Zip:	
	Cell :	
Church you attend:		Because Kids Matter to God
Parent's Email		——————————————————————————————————————
Emergency Contact Information		
Name of Parent(s) / Guardian:		
Address:		
City:	State: Zip:	
Home Phone:	Cell Phone	
Special Needs:		
Name	eople are permitted to pick up my child from Contact number Contact number Contact number	
may be used in club promotional materia I give permission for my child's	egular club meetings, during club events and al, and/or may be posted on our church web photo to be used in publications	osite at <u>www.laurelhillbiblechurch.org.</u> s and/or the church's website.
General Registration & Participatio	on:	
I giveand any field trips taken by their club. Ir	(FULL NAME) Permission to the event that my child would need emergent to administer and /or seek medical treatments.	gency medical treatment, I authorize
PARENT / GUARDIAN Signature :		Date:
	Office Use Only	
Registration Fee	Paid by Cash Chec	
Handbook	•	