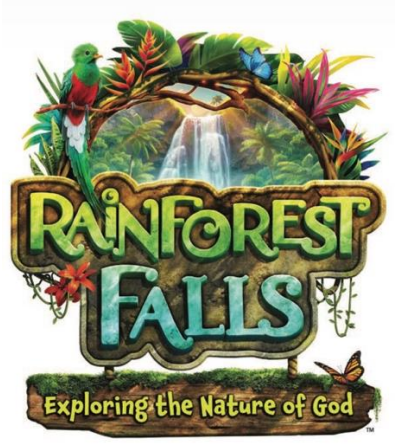


# Greenwood Gospel Chapel

# Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ Province: _____ Postal Code: _____

Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

I give consent for my child to be photographed as a participant of Summer Kid's Club.

Yes: _____

No: _____

*(Photographs will only be used for Summer Kid's Club purposes and not appear in social media.)*

Allergies, medical conditions, or special needs: _____

_____

In case of emergency, contact: _____

Phone: (____) _____

Relationship to child: _____

Parent/caregiver signature: _____