KIDS CLUB REGISTRATION FORM *Oct & Nov 2026* Daysland Alliance Church

Child's Name: _____

Child's age:_____ Date of birth:**mm/dd/yr**_____ **School Grade:** _____

Name of parent(s): _____

Address: _____Town: _____

Postal Code: _____ **HOME PHONE:** _____

Parent's Email address (optional):_____

Parents' cell phone(s): (1) name_____#_____

(2) name_____#_____

Other Emergency contact: Name: _____

Relationship to Child: _____ Phone #_____

Allergies, medical conditions or behavioral concerns we should be aware of:_____

_____

I/We, the parents or guardians named above, authorize the ministry staff of Daysland Alliance Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/We named above, undertake and agree to indemnify and hold blameless the ministry staff, Daysland Alliance Church, its pastor(s) and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Daysland Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of Daysland Alliance Church.

Daysland Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes/groups, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Daysland Alliance Church to limit the information collected, or to view your child's information, please contact us.

NOTE: If you require a specific sign in/sign out method for child drop off/pick up, **parents MUST do so,** at registration time.

****PLEASE CHECK ONE:** My child's picture can be taken during KIDS CLUB. It might be used for church purposes of promotion on brochures, or videos. On the rare occasion we may post it on our private Facebook page.

_____Yes _____No If Yes, PLEASE Initial: _____

Signature of Parent(s): _____ Date: _____