

**KIDZ CLUB REGISTRATION
2017-2018**

Please fill out one registration form for each child.

NAME: _____ AGE: _____ GRADE: _____

ADDRESS: _____ BIRTHDATE: ___/___/___ (yyyy/mth/dd)

CITY: _____ POSTAL CODE: _____

PHONE (PRIMARY): _____ ALTERNATE (1): _____ ALTERNATE (2): _____

EMAIL (1): _____ EMAIL (2): _____

PARENTS/GUARDIANS: _____

Is this your first year in Kidz Club at Uxbridge Baptist Church? YES NO

Any allergies/medical alerts/special learning needs? _____

Will you allow your child to appear in photos or videos associated with Kidz Club? YES NO

PLEASE RETURN TO UXBRIDGE BAPTIST CHURCH
Box 694, 231 Brock St. W., Uxbridge, ON, L9P 1N1 or email: uxbap@uxbridgebaptist.com
Inquiries: 905-852-3662