

**KIDS' CLUB REGISTRATION
2018-2019**

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: _____

Names of Persons Approved to Pick Up Child _____

Is this your first year in Kids 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 Kids' 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