

REGISTRATION FORM FOR KIDS' WEEK AT SOUTH CHURCH -- June 22-26

PARENT/GUARDIAN NAME: _____

grades K - 5

ADDRESS: _____

CELL PHONE: _____

EMAIL: _____

ALTERNATE EMERGENCY CONTACT: _____

RELATIONSHIP _____

ALTERNATE'S CELL PHONE _____

CHILD #1

CHILD #2

Name _____

Name _____

Age _____ T-shirt size _____

Age _____ T-shirt size _____

Next year's grade _____

Next year's grade _____

Dietary restrictions _____

Dietary restrictions _____

Notes _____

Notes _____

CHILD #3

CHILD #4

Name _____

Name _____

Age _____ T-shirt size _____

Age _____ T-shirt size _____

Next year's grade _____

Next year's grade _____

Dietary restrictions _____

Dietary restrictions _____

Notes _____

Notes _____

Fee: \$100 per child for the week. Includes all activities and lunches.

\$50 deposit per child required to reserve a spot.

Mail check with this form to South Congregational Church, 1066 South East Street, Amherst, MA 01002 or use the Donate button on our website to pay electronically. www.amherstsouthchurch.org

Internal use only

Payment rec'd
\$ _____ Date _____

Form of payment _____

Payment rec'd
\$ _____ Date _____

Form of payment _____

____ I give my child(ren) permission to participate in all activities during the week.

____ I give permission to have my child(ren)'s picture taken to be used for publicity purposes (church bulletin boards, social media posts, flyers).

Signed _____ Date _____

Print name _____