

Children's Bible Club Registration

Hinkletown Mennonite Church

One registration form needed per family

Parent/Guardian's Name: _____

Relationship to Child(ren): Father Mother Guardian Caregiver

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I would prefer to have information sent to me: through email with my child

Child's Name	Child's DOB	Age	Grade for 2014-2015	Medical Conditions	Food Allergies

IN THE EVENT OF AN EMERGENCY, I authorize Hinkletown Mennonite Church to contact the following people. If I am unable to pick up my child, I give permission to the following people to pick up my child. I will inform them that I have listed them as emergency contacts.

1. _____ Home # _____ Cell # _____

2. _____ Home # _____ Cell # _____

3. _____ Home # _____ Cell # _____

PERMISSION SLIP AND MEDICAL INFORMATION

I hereby give permission for my child to attend and participate in Hinkletown Mennonite Church's (HMC) Children's Bible Club program. I give permission for emergency medical treatment necessary in the event of accident or illness during Bible Club at HMC. I release HMC and its people from liability in case of accident. I expect to be contacted if medical attention is necessary. (List any additional medical information on the back of this form.)

Adult Signature: _____ Date: _____

Early registration deadline – August 24

Please return to the bin marked "Bible Clubs" or mail to: Hinkletown Mennonite Church 2031 Division Hwy. Ephrata, PA 17522