



ST. PETER'S KIDS FOR CHRIST REGISTRATION FORM

Student Information

Child's Full Name	Date of Birth <i>Must be Age 2 when Registering</i>	M/F	Allergies or Medical Conditions
1.			
2.			
3.			
4.			

Parent/Guardian Information

Parent(s)/Guardian(s) Names: _____ *Please let us know if you are willing to assist with:*

Parent(s) / Guardian(s) Email Address: _____

Address: _____

Home/Cell Phone Number: _____ *Teaching Summer Session*

Emergency Contact Name & Phone: _____ *Substitute Teacher*

(Must be a local contact OTHER than a parent).

Registration Fees for 12 Classes

1- Child - \$60.00

2 Children - \$110.00

3 (or more) Children - \$160.00

The program is for 2, *(must be 2 when registering)* 3, 4, 5 years olds, including Kindergarten Students.

Payment is due when you register your Child(ren).

Checks Payable to St. Peter's Church.

Parent/Guardian Consent

I hereby authorize my child's participation in St. Peter's Kids For Christ program in Spring Grove. I understand all reasonable precautions will be taken to keep my child safe during St. Peter's Kids For Christ activities. I will not hold St. Peter's Church, The Diocese of Rockford, member of their staff or their volunteers, responsible for accidental harm or injury that may occur during this activity. In case of an emergency during this time, I hereby consent to and authorize the giving of treatment and or medication ordered by a physician or adult for my child's care.

Parent Name: _____ Parent Signature: _____ Date: _____
(Please Print)

On occasion photographs are taken of participants for Church Activities. I consent to the use of such materials in which my child may appear for the Church's Newsletter or Website.

Parent Name: _____ Parent Signature: _____ Date: _____
(Please Print)

St. Peter's Church of Spring Grove ♦ 2118 Main Street Rd. ♦ P.O. Box 129 ♦ Spring Grove, IL 60081

Phone (815)675-2288 ♦ Fax (815)675-6774