



# DC4K REGISTRATION FORM

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies? Please describe: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies? Please describe: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name and relationship of the person who lives with the child \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

How did you hear about DC4K? \_\_\_\_\_

Registration Fee: \$15 for 13 weeks. Scholarships are available.

Please mail to: Grace Point Church/DC4K, 13340 Hayford Way, SD CA 92130

Upon signing, in the event of an emergency requiring medical treatment, I hereby give my permission to the licensed physician and/or hospital selected by Grace Point Church to treat my child if I cannot be reached. I hereby release Grace Point Church, its staff and volunteers of the liability or injury or damage and assume all risks stemming from my child's participation in all KidsPoint activities. I agree to insure my child against all injury or damages. I understand my child may be photographed and/or videotaped for promotional purposes. I also understand that video clips may be show in various teaching situations and that Grace Point Church does not necessarily endorse the entire movie. In addition, I give permission for my child to engage in all activities understanding that will include Christian spiritual training.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_