

CMC Child Registration Form: K – 6th Grade

Name of Child: _____ Age: _____ Grade Completed: _____
Parent/Guardian: _____ Weekend Cell: _____ Email: _____

****Please put cell phones on vibrate during sessions.****

Medical Issues: No known allergies or medical issues _____ (please check if it applies)

List allergies: _____

Explain medical issues: _____

Pick Up Information/Release: At the end of each session: (check what applies below)

- My child may be released WITHOUT supervision (GREEN TAGS)
- My child may be released to ADULTS that my child recognizes (RED TAGS)
- My child may be released to OLDER CHILDREN that my child recognizes (YELLOW TAGS)

Reservations: (check what classes your child plans to attend)

_____ Friday, 9:30 – 11:30 AM _____ Friday, 1:30 -3:30 PM

_____ Saturday, 9:30 -11:30 AM _____ Saturday, 1:30 – 3:30 PM

_____ Sunday, 9 – 12 PM

Date: _____ Signature of Parent/Guardian: _____

Mail form to: Maple City Chapel, Lynette Miller, 2015 Lincolnway E, Goshen , IN 46526

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