



WEDNESDAYS
After School - 5:30 p.m.
(Throughout school year)

Contact Julia Boeve at
cumckkz@gmail.com
or call 743-5298

Registration for Children, Kindergarten thru 8th Grade

Child's Name _____ Goes By: _____

Parent/Guardian Name: _____

Mailing Address: Street/PO Box _____

City _____ State _____ Zip _____

E-mail Address: _____

Phone Numbers: Home _____ Cell _____ Work _____

Age Information: Date of birth _____ Age _____ School grade _____ School _____

Local Church Affiliation (if any) _____

Allergies/Medical Information/Other: _____

Permission to photograph my child Yes No

Emergency Contacts:

Name _____ Phone #'s _____

As the parent or legal guardian of _____ (child's name), I give permission for my child to participate in the Kreative Kidz Zone and to ride the church van/bus.. In the event of an emergency or accident involving my child, I hereby grant permission to the Cashiers United Methodist Church personnel to transport my child to a hospital and/or obtain medical treatment if my emergency contact cannot be reached. I also agree not to hold Cashiers United Methodist Church responsible for any injury that my child may sustain during participation.

Please check ONE:

Pick up my child from school _____

I will bring my child to Kreative Kidz Zone _____

Please check ONE:

Return my child to Boys & Girls Club _____

I will pick up my child _____

SIGNATURE _____ **DATE** _____

Please return this form to or mail to: Cashiers United Methodist
 PO Box 162 , 894 Highway 107 South
 Cashiers NC 28717