

Wednesday PM Nursery Registration Form 2020-2021

Parent/Legal Guardian Information

Name of Parent(s) or Guardian(s):		Relationship to child:	
Address:		Email:	
City:	State:	Zip:	
Parent/Guardian #1 Cell:		Parent/Guardian #2 Cell:	
Do you attend a church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you attend Hoffmantown? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church (other than Htown):	

Emergency Contact (other than parent; parents will be contacted first)

Emergency Contact 1:	Phone:	Relationship to child:
Emergency Contact 2:	Phone:	Relationship to child:

Child Information

Name of Child #1:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Select Class: ____ 0-12 months ____ 13-24 months More or fewer classes may be formed depending on need.
Age:	Grade:	Birthdate:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Name of Child #2:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Select Class: ____ 0-12 months ____ 13-24 months More or fewer classes may be formed depending on need.
Age:	Grade:	Birthdate:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Name of Child #3:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Select Class: ____ 0-12 months ____ 13-24 months More or fewer classes may be formed depending on need.
Age:	Grade:	Birthdate:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Name of Child #4:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Select Class: ____ 0-12 months ____ 13-24 months More or fewer classes may be formed depending on need.
Age:	Grade:	Birthdate:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Terms and Conditions

(1.) I consent to and approve my child/children's taking part in any and all activities conducted by HOFFMANTOWN CHURCH ("CHURCH") AWANA Clubs. I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and consent to the treatment of any minor injuries of my child/children, and release, hold harmless and indemnify AWANA and the Church and their officers, directors, agents, employees and volunteers from any and all liability, claims and costs arising from or growing out of such treatment. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child. **(2.)** I understand that any off-property Awana excursions will be communicated with me beforehand and I will be required to sign a separate medical release form in order for my child to participate in those excursions. **(3.)** I give permission for photo(s) of my child/children to appear among other general club photos in any and all church media as long as there is no identifying information published by Hoffmantown. I hereby waive any causes of action I may have because of the use of my child's photograph. **(4.)** Hoffmantown encourages parents to stay on campus during club. Please feel free to take a Bible study or relax in the fellowship mall during this time.

I have read and agree to the Terms and Conditions stated above.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

2020-2021 Nursery Payment Form

Parent's Name _____

Registration Fee

Quantity **\$ Amount**

_____ \$ _____

\$20 per child for the year

Payment Method

_____ Cash _____ Check

Please make checks payable to "Hoffmantown Church" with "Wed PM Nursery" in the memo line.

Confidential Financial Assistance

No child will go without the required handbook/uniform because of financial hardship. If you are unable to pay some or all of the registration fees for club, please check the appropriate line below and sign.

_____ Delayed Payment

I am not able to pay at this time, but make the following payment commitment:

_____ Scholarship Request

I am not able to pay the full amount and request a scholarship for

\$ _____ for registration fees (includes books and uniforms).
Please include a letter indicating why you would like your child to attend.
Hoffmantown does not usually issue full scholarships. Please consider what you can afford no matter how small the amount.

Signature of Parent or Guardian _____

Note: Our Kids Ministry Staff and Children's Council will review the scholarship requests and contact you.

OFFICE USE ONLY:

Payment Amount Due: _____ Payment Received Date: _____

Form of Payment: Cash Check # _____ Scholarship Amount _____

Person receiving payment: _____

