

Kirk Club Registration and Release Form

Name of Student	Grade	Age	Date of Birth	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parents' Names: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

E-mail: _____ Emergency Contact: _____

Physician's Name: _____ Phone: _____

Does your child have any medical condition, food allergy, activity limitation or classroom concern of which the Kirk Club staff should be aware? Please specify: _____

Medical Release: In the event of an emergency in which medical treatment is required, if the parent or guardian cannot be reached, I authorize the First (Scots) Presbyterian Church or Second Presbyterian Church staff (including volunteers) to obtain the services of licensed medical personnel for my child. I understand I will be contacted as soon as possible concerning any such emergency. I agree to pay costs incurred in connection with such services. In giving this authorization I also release, absolve, indemnify and hold harmless First (Scots) Presbyterian Church and Second Presbyterian Church, its staff and volunteers from all claims that might arise as a result of such medical emergency.

Signature: _____ Date: _____

Tuition: \$125 per child per year payable as one lump sum or in two semester installments of

\$65 due with registration and the remaining \$60 due by Dec. 1st.

Parental Commitment: Please sign up to volunteer at 3 sessions each semester!!!

First Semester	Second Semester
_____, _____, _____	_____, _____, _____

First (Scots) Member? ___ Yes ___ No Second Presbyterian Member ___ Yes ___ No

If no, at which church is membership _____?