

**FOR OFFICE USE**  
Family \_\_\_\_\_  
Date \_\_\_\_\_  
Amount paid \_\_\_\_\_

## Wednesday Bridgekids Registration Form

1. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_
2. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_
3. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_
4. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_

### **Parent Information**

Mom \_\_\_\_\_ Dad \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### **In Case Of Emergency and Parent cannot be reached Contact.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Home Church** \_\_\_\_\_

### **Medical Release**

As a parent and/or guardian, I do here within authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency, which in the opinions of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for Wednesday nights when the child/children is/are attending Wednesday Bridgekids or any club functions.

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

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

### **Cost of registration**

**\$35.00 for 1 child,**

**\$60.00 for 2 children and \$75.00 dollars for families of three or more children.**

**If you would like information about scholarships please contact Heidi Turner at the church office.  
Phone # (763) 780- 2500 ext. 21.**

