



Pioneer Club Registration Form

_____ Student Name	
_____ Grade	_____ birth date
_____ School	

_____ Student Name	
_____ Grade	_____ birth date
_____ School	

_____ Student Name	
_____ Grade	_____ birth date
_____ School	

Family Phone # _____

Cell Phone # _____

Address _____ Town/Zip _____

If additional room is needed, please use the other side of form.

Does your child have any allergies or special needs? Please list _____

Name of authorized persons who may pick up your child: _____

Emergency Contact:

Name	Phone Number	relationship to child
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Student/Family Health Care Provider and Insurance Card # (should we have an emergency)

I give permission for my child(ren) to be videotaped, photographed, and/or identified in order to help publicize activities going on within the church.

I DO NOT give permission for my child(ren) to be videotaped, photographed, and/or identified in order to help publicize activities going on within the church.

As a family, we promise to support the Pioneer Club program through prayer and regular participation.

Parent Signature

Date