

Two4Two Registration Form

Names of kids participating

Two4Two Fee Schedule (there's a \$90 max per family):

My family's fee total is _____

\$20.00 for each preschool child

\$40.00 for one elem/youth

\$70.00 for two elem/youth

\$90.00 for three elem/youth

Our family's Two4Two fees will be paid: **please circle one**

At parent meeting during Two4Two we require a scholarship

Our family's participation will be: **please circle one**

Before 5:00

Furniture set up materials prep greeter 4:30-6:00

5:00-6:00

Recreation small group leader Kitchen Worker Preschool Worker

6:00-6:30

Table parent Kitchen Clean Up Team

6:30-7:00

Table Parent Kitchen/Dining Room Clean Up Team Rendez-Vous Worker

7:00-8:00

Preschool Worker Elementary Small Group Leader Bratpac Small Group Leader

We need to serve on a day other than Wednesday

Dining Room Decorator Laundry Need something else

Grandview Christian Church
2008-2009 Children & Youth Program
Information & Permission Form
(Valid Sept 1, 2008-Aug 31, 2009)

This form must be completed and returned to the youth or children's minister before your kids attend any activity off church grounds.

Name of child or teen	Birth Date	Grade	School Name	Cell/home number	Email

Home Address: _____

Children should never be release to: _____

Health Insurance Company _____ Group # _____ ID # _____

Primary Care Physician _____ Phone# _____

Prescribed Medication: Child's Name & Drug Name/Instructions

Known Allergies: _____

If parent/guardian cannot be reached in case of emergency, please call: _____

Phone# _____ Relationship _____

I, _____, do hereby give my permission for my son/daughter to participate in the youth/children's programming of Grandview Christian Church from Sept 1, 2008-Aug 31, 2009. I release Grandview Christian Church, and the sponsors of this event from liability for any accident that may occur during the event. It is my understanding that this event is approved by the church and will be appropriately chaperoned by adult leaders and parents.

Additionally, in the event that my child or teen becomes ill or sustains an injury, I give my permission to those in charge to take the necessary steps in administering proper medical treatment. In the event that I cannot be reached by phone, I consent to the administration of treatment to be rendered to my child or teen upon the advice of a duly-licensed physician and/or surgeon.

I understand that I am giving permission for my child or teen to participate in the children/youth activities at Grandview Christian Church, and I will not hold the staff, Grandview Christian Church, or sponsors responsible for any incident occurring to my child or teen resulting from reasonable activities during these events.

Signature of Parent/Guardian _____

Relationship _____ Date _____

Phone #: Work _____ Home _____ Cell _____

Email: _____