SUMMER CELEBRATION
CHILDREN'S (1st–5th GRADES) REGISTRATION
July 24-27, 2016

PERSONAL INFORMATION

Child's Name (Last) _____ (First) _____ Grade-Fall 2016 _____

Address _____ City _____ State _____ Zip _____

Home Church _____ Name of Parent/Guardian _____

Parent's Contact Phone # (day) _____(evening)_____

Emergency Contact Person & Phone # _____(not parent's phone)

We are staying at: Home WPC (Apt. # _____) Other _____

MEDICAL INFORMATION

Any allergies? No _____ Yes _____ If yes, please list: _____

Reaction: _____

Health Insurance Carrier: _____ ID # _____ Group # _____

Name of Physician: _____ Physician's Phone # _____

We encourage you to pre-register, if possible, by July 1, 2016 to help us in our preparations. Please send to: Pastor Julie Jackson, Holladay Park Church of God, 2120 NE Tillamook Street, Portland, OR 97212-4698 or scan card, attach to an e-mail and send to: juliemariejackson@comcast.net

(Please complete both sides of this registration card)

SPECIAL NEEDS INFORMATION

In order to best serve our special needs children, we are asking that you fully disclose any conditions that require additional supervision and/or care so that we can work with you to make this time of celebration an enjoyable experience for everyone. If deemed necessary by the program director, please provide one-on-one assistance for your special needs child. Please describe the special need your child has: _____

_____

_____

_____

RELEASE INFORMATION

I hereby give my permission for _____ to attend and participate in the Summer Celebration Children's Program. I give my permission for emergency medical attention to be given to my child in case of injury, illness or accident. I understand that I will be contacted as soon as possible. I hereby agree to hold harmless and waive liability of the Association as a result of injury, illness or accident.

Parent/Guardian Signature _____ Date _____

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