



CLUBHOUSE REGISTRATION FORM

*First Presbyterian Church of Strasburg
 First Wednesday of Every Month (Sept – May)
 6:00 – 7:30 PM*

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
FIRST NAME				
LAST NAME				
AGE				
BIRTH DATE				
CURRENT GRADE (CHECK ONE)	Nursery ____ Preschool/PreK ____ K ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ 5 th ____	Nursery ____ Preschool/PreK ____ K ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ 5 th ____	Nursery ____ Preschool/PreK ____ K ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ 5 th ____	Nursery ____ Preschool/PreK ____ K ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ 5 th ____
ALLERGIES				
MEDICAL CONCERNS				

 Parent / Guardian Name(s): _____

Home Address: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

 Clubhouse leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this church program (check one).

YES, my child(ren) can be photographed/filmed
 child(ren)

NO, do not photograph/film my

 People Who May Pick Up Child(ren)
 Besides Parent / Guardian _____

Additional Comments / Concerns
 About Your Child(ren) _____

Parent's Signature: _____ Date: _____