

SuperKids® Registration Form

To register children, print a copy of this form, fill it out, provide signatures, and mail it or bring it on June 23 to:
Fairlawn CRC – SuperKids Registrar, 305 Goldthwaite Road, Whitinsville, MA 01588

Child's Name: _____ Age: _____
Grade **completed:** _____
Allergies, Medical Needs,
Educational Needs: _____

Child's Name: _____ Age: _____
Grade **completed:** _____
Allergies, Medical Needs,
Educational Needs: _____

Child's Name: _____ Age: _____
Grade **completed:** _____
Allergies, Medical Needs,
Educational Needs: _____

Child's Name: _____ Age: _____
Grade **completed:** _____
Allergies, Medical Needs,
Educational Needs: _____

Parent/Guardian's Name: _____
Address: _____

Cell phone: _____ Home Phone: _____

E-mail: _____

Home Church: _____

In case of emergency, contact:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Parent/Guardian Consent Form

These children have my permission to participate in the SuperKids® Mission being held from 6:30-8:30 p.m. on June 23-27, 2019, at Fairlawn Christian Reformed Church, 305 Goldthwaite Road, Whitinsville, MA.

(Parent/Guardian Signature)

(Date)

I freely grant Scripture Union and Fairlawn Christian Reformed Church permission to use any pictures or video material that is taken at this program in which my child, or the child I am responsible for, may appear. I understand that such pictures or video will be used exclusively by Scripture Union or Fairlawn CRC for training, publicity and promotional purposes for future SuperKids® programs.

(Parent/Guardian Signature)

(Date)