Days of Care Needed:	Birkie 2019: Friday, February 22 rd	(8am-5pm) and/or 5	Saturday, February 23 th (8am-5pr 7 (02/23/19)Both	m)
Child's Name		Date of Birth	Аде	_
Parent/Guardian Name(s)				_
	City:	.State:	Zin Code:	
Contact Phone	Cell Phone		Other	
Tex	ct messages are acceptable for contac	ct (in emergencies). 🛛	Yes No -	
Emergency Contact				
. Name:		Phone		
.Name:	Relationship to Child:	Pho	ne	
	E TO PICK UP MY CHILD			
.Name:	Phone:	2.Name:	Phone:	
MEDICAL INFORMAT				
			Copy of Card:Y orN	
	S:			
	S:			
Allergies/Medical Conditions FERMS & CONDITIONS . I give permission to of an emergency injleaders to secure an hospitalization. I un contacts if such an esituation arising from the situation arising from the situatin arising from the situation arising from t	s:s:s:s:	Church to seek medi ion to the physician s ed necessary, includir ade to contact me or t st Lutheran Church w First Lutheran Leade ok Group page, churc ability for such is sole ld blameless from any or cash no later than t y loss or damage to th urch. devices will not be a , stolen or damaged d	ical treatment for my child in the e selected by First Lutheran Church ng ambulance transfer and those listed on this form as emerge vill be held blameless from any ers and Volunteers and used on a ch bulletin boards, and/or website ely responsible by parent/guardia y accident or injury. ime of registration. he clothing or the property of the c llowed during child care hours. Fi	even ency ency ency rst
 Illergies/Medical Conditions I give permission to of an emergency inj leaders to secure an hospitalization. I un contacts if such an e situation arising fro I give permission for variety of promotio Should accident or insurance company A fee of \$50 per day First Lutheran Chur while such child is Cell phones, iPods, Lutheran Church sl agree to all terms and condition 	s: adult leaders with First Lutheran jury or illness. I also grant permiss ad administer any treatment deem nderstand every attempt will be m event occurs. I understand that Fir or my child's photos to be taken by nal materials (newsletters, Facebo injury occur during time of care, li c. First Lutheran Church will be he per child shall be paid by check of rch shall not be responsible for any in attendance at First Lutheran Ch computers or any other electronic hall not be responsible for any lost ions stated above. To the best of my kn	Church to seek medi ion to the physician s ed necessary, includir ade to contact me or t st Lutheran Church v First Lutheran Leade ok Group page, churc ability for such is sole ld blameless from any or cash no later than t y loss or damage to th urch. devices will not be al stolen or damaged d <i>wwledge all information</i>	ical treatment for my child in the e selected by First Lutheran Church ng ambulance transfer and those listed on this form as emerge vill be held blameless from any ers and Volunteers and used on a ch bulletin boards, and/or website ely responsible by parent/guardia y accident or injury. ime of registration. he clothing or the property of the c llowed during child care hours. Fi levices brought to the facility.	even ency ency ency rst