american reformed
kidsforchrist

1720 N Burlington Avenue, Worthington

Wednesdays | After-school to 5:30 pm | Grades K-5th Grade

Student Information

Student First Name: _____ Student Last Name: _____ ☐Male ☐Female

Student's Date of Birth: _____/_____/_____ Grade: _____ Homeroom Teacher: _____

Address: _____ City: _____ Zip: _____

Student's Allergies & Special Dietary Needs: _____

Student's Medication(s) Taken: _____

Bussing Permission

My student has permission to bus from Prairie Elementary School or Worthington Intermediate School to American Reformed Church for the purposes of religious instruction. ☐Yes ☐No

Parent/Guardian Contact Information

Father/Guardian First & Last Name: _____

Father/Guardian Cell Phone #: _____ ☐Check box to opt in for text reminders

Mother/Guardian (print first & last name): _____

Mother/Guardian Cell Phone #: _____ ☐Check box to opt in for text reminders

Parent/Guardian Email Address: _____

Emergency Contact & Approved Pick-up

Emergency Contact (first & last name): _____

Emergency Contact Phone #: _____ Relation to Student: _____

Student Pick-up Authorization: *You may list up to 3 additional adults who are authorized to pick-up your student. Individuals not included on the list will not be allowed to check-out student.*

Additional Pick-up Adult #1 (first & last name): _____

Additional Pick-up Adult #2 (first & last name): _____

Additional Pick-up Adult #3 (first & last name): _____

My child is allowed to walk home after KFC: ☐**Yes** ☐**No**

If this question is marked 'no' or left blank, you will need to pick-up your child no later than 6:00pm

Additional student registration on back of form.

Return completed form to classroom teacher by 2nd week of school.

american reformed kidsforchrist

Medical, Accident, and Transportation Release

By filling out this form, I give American Reformed Church permission to make emergency medical decisions for my child during church events if I cannot be reached. I understand that, in the event of an emergency, leaders may take my child to the hospital for necessary care, and I authorize medical professionals to treat my child. I also give permission for my child to be transported in church-approved vehicles.

Photo & Media Release

By attending KFC at American Reformed Church, you acknowledge that photos and videos may be taken during KFC for promotional and ministry purposes. These images may be used in print materials, on social media, on our website, or in other church communications.

Additional Student Registration:

Student First Name: _____ Student Last Name: _____ ☐Male ☐Female

Student's Date of Birth: _____/_____/_____ Grade: _____ Homeroom Teacher: _____

Address: _____ City: _____ Zip: _____

Student's Allergies & Special Dietary Needs: _____

Student's Medication(s) Taken: _____

Bussing Permission

My student has permission to bus from Prairie Elementary School or Worthington Intermediate School to American Reformed Church for the purposes of religious instruction. ☐Yes ☐No

---

Additional Student Registration:

Student First Name: _____ Student Last Name: _____ ☐Male ☐Female

Student's Date of Birth: _____/_____/_____ Grade: _____ Homeroom Teacher: _____

Address: _____ City: _____ Zip: _____

Student's Allergies & Special Dietary Needs: _____

Student's Medication(s) Taken: _____

Bussing Permission

My student has permission to bus from Prairie Elementary School or Worthington Intermediate School to American Reformed Church for the purposes of religious instruction. ☐Yes ☐No

Return completed form to classroom teacher by 2nd week of school.