

Register me for Time Lab!

Child's name _____

Gender: Male ___ Female ___ Birthdate ___ / ___ / ___ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y ___ N ___ List _____

Medical concerns Y ___ N ___ Explain _____

PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for Walkerville Wesleyan Church
CHURCH NAME

to record sounds, images, or video of my child _____
NAME

while attending *Time Lab*. I also give permission for Walkerville Wesleyan Church
CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by Walkerville Wesleyan Church
CHURCH NAME

in relation to *Time Lab*.

Check One: _____ I do grant permission. _____ I do NOT grant permission.

PARENT/GUARDIAN SIGNATURE

DATE