

Trinity United Church of Christ

KidzB.E.A.T. Program

Grades 1-6

FOR OFFICE USE ONLY

Date Received: _____

Deposit Received: _____

REGISTRATION FORM

1. Registration is limited to **60 children MAXIMUM** and is on a first come first serve basis.
2. **Registration Deadline: September 6, 2017. REGISTRATION FEE: \$50 PER CHILD**
3. All registrations received after the registration deadline or maximum number reached, will be put on a wait list according to date received.

Participation Permission

I _____ give permission for my child _____
(Parent/Guardian Name) (Child's Name)

to participate in the KidzBEAT afterschool program at Trinity United Church of Christ at 3909 Blackburn Rd. N.W., Canton, Ohio. This program will run from September 13, 2017 to March 14, 2018 in (2) ten week sessions.

Grade: 1 2 3 4 5 6 Age: _____ T-shirt size: **Youth:** S M L XL **Adult:** S M L XL
(Please circle grade.) (Please circle size.)

Transportation Permission

Please check one of the following:

- _____ I give permission for my child to ride the Trinity UCC bus from Avondale Elementary School to KidzB.E.A.T. at Trinity United Church of Christ.
- _____ I give permission for my child to ride the Plain Local bus from Portage Collaborative Montessori School to KidzB.E.A.T. at Trinity United Church of Christ.
- _____ I give permission for my child to ride the Trinity UCC bus from Madge Youtz Elementary to KidzB.E.A.T. at Trinity United Church of Christ.
- _____ I will provide transportation for my child to KidzB.E.A.T.

Media Release Permission

There may be opportunities for Trinity United Church of Christ to have publicity photos of KidzB.E.A.T. activities appear in local newspapers, newsletters, on the Plain Local website or Trinity's website. We need your permission to have photographs taken of your child for the purpose of publicity for the KidzB.E.A.T. program.

_____ I **do** allow photographs of my child to be taken for publicity purposes only.

_____ I **do not** allow photographs of my child to be taken for publicity purposes.

Parent/Guardian Signature: _____

Phone: _____ Email: _____

Date: _____