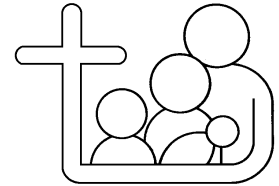


**WHITEHORSE  
CHURCH OF THE NAZARENE**  
2111 Centennial St., Whitehorse YT Y1A 3Z6  
[www.whitehorsenazarene.org](http://www.whitehorsenazarene.org)  
[www.nazarendaycare.org](http://www.nazarendaycare.org)



Pastor Heather Keats / 867-334-7009 / [hdwcsk@gmail.com](mailto:hdwcsk@gmail.com)

**Kids Club / Junior Youth Registration Form**

**Child's Name:** \_\_\_\_\_

Select Program: Kid's Club \_\_\_\_\_ or Junior Youth \_\_\_\_\_

Grade (as of September / 24) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: (foods, medicine, other) \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Select Program: Kid's Club \_\_\_\_\_ or Junior Youth \_\_\_\_\_

Grade (as of September / 24) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: (foods, medicine, other) \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Select Program: Kid's Club \_\_\_\_\_ or Junior Youth \_\_\_\_\_

Grade (as of September / 24) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: (foods, medicine, other) \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

I understand that there are risks involved in any children's activity and therefore release the Church of the Nazarene, its members, leaders or volunteers from any liability due to an unforeseen accident or injury that may occur to my child. I give permission to the leaders to render the necessary medical attention to my child in the event of an emergency. I give permission to transport my child/ren on any outings planned for our programs in the church's 22 passenger bus (driven by someone possessing a valid Class 4 License). Sometimes it may become necessary to transport your child/ren in a personally owned vehicle. For the purposes of transportation, all our drivers possess a valid Class 5 License as well as a valid RCMP clearance form.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_