

Unity Christian Reformed Church Summer Playground Registration

Child's **FIRST NAME** _____

Child's **LAST NAME** _____

Male _____ Female _____ Grade **COMPLETED** _____

Street Address _____

City & State _____ Zip _____

Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

**Parent's location/phone number during Summer Playground

Who will be picking up your child(ren)?

Will child(ren) be walking home? _____

Any allergies

Please note that by sending your child to SP, you understand that photos are taken of the children in various activities. You are also accepting that these photos may be used in church publication. No names of the children will be given.