



Adventure Bible Club

2019-2020 REGISTRATION



Child's Name _____
Age _____ Date of Birth ____/____/____ Grade _____

Child's Name _____
Age _____ Date of Birth ____/____/____ Grade _____

Child's Name _____
Age _____ Date of Birth ____/____/____ Grade _____

Child's Name _____
Age _____ Date of Birth ____/____/____ Grade _____

Child's Name _____
Age _____ Date of Birth ____/____/____ Grade _____

Street Address _____

City/State/ZIP _____

Each Child's Allergies _____

Mother's Name _____

Mother's Address _____

City/State/ZIP _____

Cell Phone _____

Email _____

Father's Name _____

Father's Address _____

City/State/ZIP _____

Cell Phone _____

Email _____

Bring REGISTRATION to your first night of ABC / CT participation
or mail: WCF, PO Box 249, Winneconne WI 54986

These are the **ONLY individuals/cell numbers authorized** to DROP-OFF and PICK-UP my child(ren).

_____ *Cell Phone*

_____ *Cell Phone*

_____ Please initial here stating that **I have reviewed and promise to discuss the content of the ABC Handbook with my child(ren) and agree to follow its guidelines.**



Occasionally ABC and CT take photographs during special events or activities that may appear in advertising. **Please MARK an 'X' over the camera if you DO NOT** want us to use your child's photograph.

Winneconne 
Christian Fellowship
"Offering the Everlasting Gift"
313 N. 9th Ave, Winneconne
South of Winneconne Mid Sch
Winneconne WI 54986

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

_____ *Guardian / Parent Signature*

_____ *Date*