

2017-2018 KidZone! @ OSLC!! Agents of Action!



KIDZONE is A FUN monthly after school program for students in Kindergarten through 5th Grade. We meet at *Our Savior's Lutheran Church, 1020 State Street*, from 1:00 to 5:00 on the first Wednesday of the month when Spearfish Public Schools has early dismissal. This year's dates are: **Oct 4, Nov 1, Dec 6, Feb 7, March 7, & April 11**

HOW TO REGISTER: Complete both sides of this form and the attached transportation request from Prairie Hills Transit and return it to Our Savior's Lutheran Church, 1020 State Street, Spearfish, SD.

COST: \$50 per student for the year or \$70 per family max, INCLUDES TRANSPORTATION!

Make checks payable to "OSLC" and include it with your registration forms.

******Space is limited to 60 kids**** so register early to ensure your spot!**

THE SPEARFISH SCHOOL DISTRICT NEITHER ENDORSES NOR SPONSORS THE ORGANIZATION OR ACTIVITY REPRESENTED IN THIS DOCUMENT. THE DISTRIBUTION OF THIS MATERIAL IS PROVIDED AS A COMMUNITY SERVICE.

(If you are registering more than 2 kids, please attach additional paper)

Child #1

Name: _____ Age: _____

Grade: _____ School: _____ Teacher: _____

**Allergies: _____

Special considerations: _____

T-shirt size

YOUTH:	Small(6-8)	Med(10-12)	Lg(14-16)	ADULT:	Small	Med	Lg
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Child #2

Name: _____ Age: _____

Grade: _____ School: _____ Teacher: _____

**Allergies: _____

Special considerations: _____

T-shirt size

YOUTH:	Small(6-8)	Med(10-12)	Lg(14-16)	ADULT:	Small	Med	Lg
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****Please Note if your child has specific food allergies, please send a snack with them.**

Parent/Guardian Name(print): _____

Best Contact (cell/text/home/work): _____

Email Address that you check regularly: _____

Mailing Address: _____

How will your child be getting to OSLC? Parent/Guardian Drop Off: _____ Prairie Hills Transit Bus: _____

****You must complete a PHT Form for your child to ride the bus!**

Who is authorized to pick your child up? _____

My child(ren) have permission to take part in all KidsZone activities. I give permission for my child's photo to be used for Our Savior's Lutheran Church publicity purposes. Yes _____ No _____

PARENT SIGNATURE: _____ DATE: _____

Medical Release Form
Our Savior's Lutheran Church
1020 State Street
Spearfish, SD 57783
(605) 642-3715

PLEASE PROVIDE COMPLETE INFORMATION

Child #1

Name: _____ Birthdate: _____
Allergies?: _____ Medications?: _____
Any medical/behavioral concerns we should know about? _____

Child #2

Name: _____ Birthdate: _____
Allergies?: _____ Medications?: _____
Any medical/behavioral concerns we should know about? _____

If the following information is different for any of the above listed children, please attach additional paper with the complete information.

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: Work: _____ Home: _____ Cell/Text: _____

Insurance Company: _____ Phone Number: _____

Name of person holding the policy: _____

Policy/Group numbers: _____

Emergency Contact Name: _____

Phone: Work: _____ Home: _____ Cell/Text: _____

"My child(ren) have permission to take part in all KidZone activities. I agree that the church, its personnel and volunteers will not be held responsible and hereby release them from any accidents which may occur.

Authorization of Treatment:

In the event I can not be reached in an emergency and my child requires necessary emergency care, I give permission for delivery of such by available medical personnel.

PARENT SIGNATURE: _____ DATE: _____