



GBC KIDS CLUB CLUBBER INFORMATION SHEET

2009-10

FAMILY NAME (all capitals, please) _____

Address _____

City _____ State _____ ZIP _____

Home Phone # () _____

Please list children and allergies/medications here:

(use back of this form if necessary & please indicate that you did so)

1. _____ / ____ / ____
name of child #1 age grade date of birth

Allergies _____

Medications _____

2. _____ / ____ / ____
name of child #2 age grade date of birth

Allergies _____

Medications _____

3. _____ / ____ / ____
name of child #3 age grade date of birth

Allergies _____

Medications _____

Parent/Emergency Information

Mother _____ Cell # _____ Email _____

Father _____ Cell # _____ Email _____

Emergency contact (we will try to contact parent first):

Name _____ Home # _____ Cell # _____

Relationship to Clubber _____

Please return this form to: Grace Baptist Church
GBC Kids Club
400 Burnt Plains Road
Milford, CT 06460

Questions? Call (203) 874-8928

**KIDS CLUB BEGINS:
WEDNESDAY, SEPTEMBER 16, 2009**