

KidsServe



Setting the stage for service to others

Name (FIRST, LAST)		Grade for 2009-2010	
Birthday (Month/Day/Year)	School		
Home Address		City	Zip Code
Email Address		Home Telephone Number	
Mom		Dad	
Mom's Cellphone Number		Dad's Cellphone Number	
Mom's Work Number		Dad's Work Number	
Emergency Contact		Emergency Contact	
Family Physician's Name and Telephone Number		Insurance Provider	
Medical Information or Allergies			
<p><i>In the event of a medical emergency I authorize the person or persons in charge of leadership at Church of the Epiphany to obtain medical assistance and treatment for my child in my behalf.</i></p>			
_____ Parent's Signature		_____ Date	
Please indicate in which month(s) you will volunteer: __October 21 __November 18 __December 16 __January 20 __February 17 __March 17 __April 21			