

MARKET PLACE 29 A. D. CHILD REGISTRATION

(ONE FORM PER CHILD)

Return with fee to YOUR church's Market Place Coordinator by Sunday, May 26th.

COST: \$50 per child* (Family max. \$125)

*Discounted fee for 4 day volunteer \$25 per child

PAID: \$ _____

Your Congregation: _____

Interested in scholarship? Yes

I can contribute toward scholarships. Amount: _____ Included? _____

ABOUT YOUR CHILD:

Child's Full Name: _____ Nickname? _____

Birth date: _____ (Must be 3 years old by January 1, 2019 AND fully potty-trained.)

Gender: _____

Age: _____

Grade completed by June 2018: _____

Does your child have any **medical condition(s)** or **medications**? Yes No

If yes, provide explanation: _____

Does your child have any **food** or **other allergies** we need to know about? Yes No

If yes, provide explanation: _____

Check all that apply & provide explanations below:

- Adapts easily to new situations
- Placement with a particular volunteer is preferred (*We cannot guarantee all requests*)
- Can be shy in new situations
- Placement with another child is: helpful not recommended
- Can have physical/emotional/behavior challenges
- Has other special needs

Please include strategies that work best with your child for helping them have a safe and enriching experience:

CONTACT INFORMATION:

Parent/Guardian Name(s): _____ EMAIL: _____

Address: _____ Best Phone for you 9am—12pm: _____

Emergency Contact (other than Parent/Guardian): _____ Phone #: _____

Relationship to child: _____

Photo Consent: I give permission and consent for my child to be photographed during Market Place 29 A.D. I further give permission and consent that any such photographs may be used without names or identifying information by participating sponsor churches for educational and marketing purposes.

Release and Consent: I give my consent and approval for my child's participation in Market Place 29 A.D. In case of emergency, I hereby authorize any medical treatment advised or recommended by an attending physician while my child is participating in this program. I will not hold any of the sponsoring churches (All Soul's Episcopal; St. James Episcopal; St. Mary's Episcopal; Trinity Episcopal; First Presbyterian Asheville; Grace Covenant Presbyterian; Circle of Mercy and Land of the Sky United Church of Christ), their employees or volunteers responsible in case of accident or injury as a result of this program.

Parent/Guardian Signed: _____ Printed name: _____