

# CHRISTMAS FOR KIDS

## PERMISSION FORM

*\*To help us with planning, please register by December 10th, 2009.*

Child's Name

Age

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Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Where will parents be during day? \_\_\_\_\_

If not parents, who will be picking child up? \_\_\_\_\_

Allergies (food, medicine, or otherwise), medical conditions, or other special needs of which we should be aware: \_\_\_\_\_  
\_\_\_\_\_

Do you have a church home? \_\_\_\_\_ If yes, where? \_\_\_\_\_

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I, \_\_\_\_\_, hereby give my consent as the parent/guardian of \_\_\_\_\_ to attend/participate in Abiding Grace Lutheran Church's Christmas for Kids on December 12th, 2009 at Total Childcare Experience ("TCE") in Covington, GA. My child and I hereby release, indemnify, and hold harmless the church, its employees and/or volunteers from any and all liability for any claim, injury, or loss sustained by or during my child's participation in Christmas for Kids. I hereby authorize Abiding Grace to take and use photographs and/or video of my child for crafts, keepsakes, or promotional purposes in any type of media and understand I will not be compensated for any such use.

In the event of an emergency, the staff has my permission to seek necessary medical treatment for my child.

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

*Return this form by **fax**: 832-218-7568; **mail**: 5510 Hwy. 212 Covington, GA 30016; or **join us at church** and turn it in there! We currently worship at Total Childcare Experience, 25 Lover's Lane Rd. in Covington, on Sundays - 9:15 Bible Class/Sunday School, 10:30 Worship.*