



Fall 2019 - Summer 2020 Student Application

STUDENT NAME: _____ FEMALE / MALE

SCHOOL: _____ GRADE: _____ BIRTHDAY: _____

HOME LANGUAGE(S): _____

GUARDIAN NAME: _____

RELATION TO STUDENT: _____ PHONE: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

PROGRAM RELEASE

Check to approve the following items:

- To be in photos and other media while involved in program activities for the purpose of sharing what Cottage Grove Kids does with others.
- To be sent information concerning programming to my home address.
- I understand that Cottage Grove Church is not responsible for any lost or stolen items that students bring to programming.

I allow my child to participate in the following aspects of Cottage Grove Kids:

- To attend activities associated with Cottage Grove Kids
- To partake in meal time during programming and make known any food allergies my child may have
- To learn from gospel-centered teaching based on the Bible

DISCIPLINE POLICY

When unacceptable behavior such as inappropriate or abusive language, physical aggression, showing disrespect to peers/staff/volunteers is displayed, students will be redirected by staff and program leaders. On occasions when redirection is unsuccessful in resolving negative behavior, the child's guardian will be notified and the child will be removed from program for a time determined by Cottage Grove Kids staff and leaders.

MEDICAL RELEASE

In case of emergency, I authorize Cottage Grove Church and their agents and employees to have access to the information contained in this form and to provide all medical care, treatment, and necessary transportation advisable for the health and safety of my child.



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STUDENT HEALTH INFORMATION

Does your child have any allergies? **Yes / No**. If yes, please list below.

Does your child need to take any prescription medication while he or she is at Cottage Grove Kids? **Yes / No**. If yes, what instructions would you like us to follow?

Does your child need any special accommodations or modifications in order to participate in regular program activities? For example: sitting for an extended period of time, running, etc. **Yes / No**. If yes, please describe.

PRIMARY CARE PHYSICIAN

In case of emergency, students will be transported to the nearest hospital, unless noted otherwise.

EMERGENCY CONTACT

NAME: _____

RELATION TO STUDENT: _____ PHONE: _____

HOME ADDRESS: _____

By signing below, I specifically waive and release any and all liability, claims, demands, actions, and causes of action - present and future - against Cottage Grove Church and its staff or volunteers, arising out of Cottage Grove Kids related activities.

SIGNATURE OF GUARDIAN: _____

DATE: _____

APPLICATION NOT VALID UNLESS SIGNED