

Register me for Winter Recess

One form per child, please



Child's Name _____ Grade Completed _____

School _____ Age _____ Birthday _____

Parent/ Guardians' Name(s) _____

Address _____ Apt. # _____ Boro. _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Emergency contact person _____

Relationship to child _____ Phone # _____

Food Allergies? **Y** **N** (List): _____

Medical Concerns? **Y** **N** (Explain): _____

Requires Special Education Classes? **Y** **N** (Explain): _____

Are you the parent/guardian of other children attending WR? **Y** **N**

(Names) _____

Will your child be picked up at the conclusion of each day? **Y** **N**

Names of person(s) authorized for pickup _____

I give permission for my child, _____, to attend Winter Recess at Grace Gospel Chapel from 9am- 3pm on February 19-23, 2007.



Parent/Guardian Signature Date

Anticipated Dates of Attendance:

Mon. Tues. Wed. Thurs. Fri.

**Gospel Chapel 102 West 133rd Street New York, NY 10030
(212) 926-9550**