

CMC Child Registration Form: 7 – 8th Grade

Name of Child: _____ Age: _____ Grade Completed: _____
Parent/Guardian: _____ Weekend Cell: _____ Email: _____
****Please put cell phones on vibrate during sessions.****

Medical Issues: No known allergies or medical issues _____ (please check if it applies)

List allergies: _____

Explain medical issues: _____

Consent to Transport: (check what applies below)

_____ I hereby consent for my child to be transported by volunteer or paid CMC staff to and from the scheduled activities.

Reservations: (check what classes your child plans to attend)

_____ Friday, 9:30 – 11:30 AM _____ Friday, 1:30 -3:30 PM

_____ Saturday, 9:30 -11:30 AM _____ Saturday, 1:30 – 3:30 PM

Date: _____ Signature of Parent/Guardian: _____

Mail form to: Maple City Chapel, Lynette Miller, 2015 Lincolnway E, Goshen , IN 46526

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