



WNSS-B Family 2023-2024 Registration Form

Scan and email this completed form to WNSS.Nikki@BMZChurch.org or drop off in the Boscobel Campus entryway

Child's Name _____ Grade _____

Female Male Birth Date ___/___/___

Health concerns, allergies, or medications that we should be aware of? No Yes

→ Please explain: _____

Are there any behavioral concerns that we need to be aware of? No Yes

→ Share with us the best way to handle your child during that time or anything that may help:

Child's Name _____ Grade _____

Female Male Birth Date ___/___/___

Health concerns, allergies, or medications that we should be aware of? No Yes

→ Please explain: _____

Are there any behavioral concerns that we need to be aware of? No Yes

→ Share with us the best way to handle your child during that time or anything that may help:

(For more children registration space please turn over →)

Parent's Name(s) _____

Address _____ City _____ Zip Code _____

Primary Number and Name _____ Secondary Number and Name _____

After WNSS my child will be (Your 4Ker must be picked up, however older kids can be dismissed. Please indicate if they will have different dismissal instructions)

Dismissed to find family/walk home (this option is for 5K and above only)

Picked up in from child's classroom/Fellowship Hall by one of the following:

Name _____ Relationship _____ Phone _____

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YES **NO** I give permission for my child to walk or ride in BMZ Church van on pre-planned, supervised field trips during WNSS with his/her class with prior notice.

BMZ Church has my permission to transport my child(ren), named above, to the Gunderson Boscobel Area Hospital for necessary emergency treatment, if unable to contact me.

YES **NO** (must check one) I give BMZ permission to post and/or print my child(ren)'s photograph/video on church media such as newsletters, website, DVDs, bulletins, Facebook and other social media (NO names will be posted). However, be aware that your child's image may appear in large group photos even if you check no.

Parent/Guardian Signature _____ Date _____

(Continued from the front. Please remember to complete Side 1 →)

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