

WNSS 2018-2019

Name _____ Female Male
Birth Date _____ Age _____ Grade _____
Parent's Name _____
Address _____ City _____ Zip _____
E-mail _____
Primary Phone Number _____ Secondary Phone Number _____
Are there any unusual health conditions? Yes No (please include allergies)
If yes, please explain: _____

Is your child on any medications that we need to be aware of? Yes No
If yes, please list: _____
Does your child have any behavioral concerns that we need to be aware of? Yes No
If yes, please share with us the best way to handle your child during that time or anything that may help him or her feel comforted: _____

AFTER WNSS my child has permission to (CHOOSE ONLY 1 OPTION):

will be picked up at their classroom by one of the following:

Note: 4K must be picked-up from their classroom

Name _____ (relationship) _____
Name _____ (relationship) _____
Name _____ (relationship) _____

Only the people listed above can pick up your child. However, if someone else must, please send a note stating who will be picking your child up.

be dismissed after WNSS * **Note: this option is only available for K-6th graders**

YES NO (must check one) I give BMZ Church permission to post and/or print my child's photograph/video on newsletters, Church website, DVDs, bulletins/programs, 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.

YES NO I give permission for my child to walk on supervised mini field trips during WNSS with his/her class.

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

Parent/Guardian Signature _____ Date _____

Checking this box indicates my electronic signature (if emailing form)

You can print this form and drop it off or mail to the church office (107 W. Oak St, Boscobel), or SAVE to your computer FIRST, fill out and SAVE again, then attach as an email to wnss.nikki@bmzchurch.org