



MIDWEEK KIDS PROGRAM FOR PREK THRU GRADE 6
HRWCHURCH.ORG

HESS ROAD WESLEYAN CHURCH
2514 HESS ROAD, APPLETON, NY 14008

CHILD # 1 FULL NAME: _____

BIRTH DATE: ____/____/____ AGE: ____ GRADE: ____

ALLERGIES/SPECIAL INFORMATION : _____

CHILD # 2 FULL NAME: _____

BIRTH DATE: ____/____/____ AGE: ____ GRADE: ____

ALLERGIES/SPECIAL INFORMATION : _____

CHILD # 3 FULL NAME: _____

BIRTH DATE: ____/____/____ AGE: ____ GRADE: ____

ALLERGIES/SPECIAL INFORMATION : _____

CHILD # 4 FULL NAME: _____

BIRTH DATE: ____/____/____ AGE: ____ GRADE: ____

ALLERGIES/SPECIAL INFORMATION : _____

CHILD # 5 FULL NAME: _____

BIRTH DATE: ____/____/____ AGE: ____ GRADE: ____

ALLERGIES/SPECIAL INFORMATION : _____

***Only children 1 year before kindergarten thru Grade 6 need to be registered**
on this form. If space is needed for additional children, use the back side of this paper.

***By registering my child for Hess Road Runners, I authorize that my child's image may**
be photographed, filmed and be used in church video, print, and web presentations.

***By giving my email address and telephone number, I understand that HRWC may add**
me to their Road Runner mailing list. HRWC will not give your personal information to
any third parties.

ADDRESS INFORMATION *Please use primary residence of child(ren).*

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

HOME PHONE NUMBER: _____

PARENT/GUARDIAN 1/EMERGENCY CONTACT

ADULT FULL NAME: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO CHILD: _____

DOES THIS PARENT LIVE AT THE ADDRESS ABOVE? Y / N

PLEASE LIST NAMES OF OTHERS AUTHORIZED TO PICK UP CHILD: _____

PARENT/GUARDIAN 2/EMERGENCY CONTACT

ADULT FULL NAME: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO CHILD: _____

DOES THIS PARENT LIVE AT THE ADDRESS ABOVE? Y / N