



## K4J Registration 2016 / 2017 Year

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail (print) \_\_\_\_\_

***I am interested in helping at the monthly meetings***    **YES**    **NO**

(QAS parents can earn parent participation hours)

Our program this year will follow the Liturgical Church year celebrating the seasons of the Church. Will have a virtue each month as well a Saint, crafts, snacks, games and music reflecting each months theme.

I wish to register the following children in the K4J program:

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Allergies / Special information \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Allergies / Special information \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Allergies / Special information \_\_\_\_\_

Cost is \$50 per child, or \$90 for 2 or more children from the same household.

Registration includes monthly take home items, snacks, crafts and supplies at the club meet each month for 9 months.

\_\_\_\_\_ children Total \_\_\_\_\_ Please make cheque payable to **Catholic Kids Net**

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in K4J and that I will be notified as soon as possible in the event of an emergency. I hereby release and forever discharge this Diocese, parish and Queen of All Saints school and the volunteers at K4J from all manners of action, claims which I or the child/ren named above shall or may have for any reason, arising during my child's attendance at the K4J club meets.

Parent / Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

For further information please contact Jennifer Boyer at [boyer.jen@gmail.com](mailto:boyer.jen@gmail.com)

\*\*\*Please return completed form to the QAS school office or Parish Office