



5 Day Club® Registration Form

5 Day Club _____

PLEASE PRINT ALL INFORMATION

_____ has permission
(Name of child)

to attend 5DC, Male/Female (CIRCLE ONE)

Grade _____ Age _____ Medical needs/Allergies _____

Address _____

Phone _____ Emergency Phone _____

Parent Email _____

Parent/Guardian's Name _____

Other comments or instructions: _____

Who is permitted to pick up your child? _____

School: _____

Name of church/place of worship: _____

Circle One:
Does your child have permission to walk home? Yes No

Contact Brenda Smith at CEF at 610-449-9564 for more information.

OPTIONAL Photography and Video Release

Child Evangelism Fellowship® may, from time to time, document the activities of the ministry with photos or videos.

I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Child's Name: _____