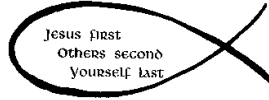


# JOY Company



## Pine Shores Presbyterian Church Registration for 2017 -2018

6135 Beechwood Avenue, Sarasota, FL 34231 Phone 941-922-1597 • www.pineshorespres.org

*All Four Year Olds – Fifth Graders are invited*

**Begins Wednesday, September 13, 2017**

**4:00 p.m. to 6:00 p.m., JOY Room #110**

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency: Name & Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name

Birth Date

Grade

School

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your child needs transportation from school, we will try to help. Please call Allison Vance (JOY Company Coordinator) at the church office, 922-1597. School dismissal time is \_\_\_\_\_. From time to time we need additional adult helpers. May we call you? Yes No.

**DONATIONS:** We ask for a donation of \$35 for each child registered. Your donation will go towards snacks and materials which may be paid by installments. Checks may be made out to "Pine Shores Church". So all children have the opportunity to experience our mid week JOY Company, we do have scholarship money available. Please check the box if requesting scholarship money.

Scholarship Requested

**We encourage children to bring a friend or two.**

DO NOT WRITE IN THIS SPACE (Office Use Only)

Donation received: Cash \_\_\_\_\_ Check \_\_\_\_\_

DATE: \_\_\_\_\_ Received by: \_\_\_\_\_

LIMITED POWER OF ATTORNEY

FOR EMERGENCY MEDICAL CARE AUTHORIZATION

TO WHOM IT MAY CONCERN:

This is to certify that the bearer of this letter has the permission of the undersigned to authorize necessary emergency medical care by the attending physician, or others he/she may choose, in case of accidental injury, ingestion or illness. At this point, all attempts to reach me/us have failed. The undersigned accepts all financial responsibility for necessary treatment and services.

Child's or Youth's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Plan or Group No. \_\_\_\_\_ Policy/Member No. \_\_\_\_\_

Employer (name and address) \_\_\_\_\_

Any allergies? \_\_\_\_\_

Anything else leaders should know? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship (father, mother, legal guardian) \_\_\_\_\_

**Photography Release:**

I give permission for use of photography including my child to be used in church publicity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form covers all JOY Company meetings, activities and events from September 2017 through May 2018.