

**Date and time of W.O.W. 2017**

Wednesday's 6-7:30p.m. at First Church United  
11:00 N. Calhoun Street, West Liberty  
Phone: 627-2989  
Light Dinner provided.



**Confidential Registration Form**

Child's name: \_\_\_\_\_

Nickname/preferred name to be called: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ grade currently in: \_\_\_\_\_

Siblings: \_\_\_\_\_

Home faith community (if any): \_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached), please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies/medical needs the W.O.W. staff should be aware of:

Child will be walking home \_\_\_\_\_ or please list who is responsible for picking up this child at the end of each W.O.W. day:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Tell us anything special you'd like us to know about your child (use back side if you'd like)

This will/will not be my child's first large-group experience other than Sunday school.

ONE friend my child would like to be with: \_\_\_\_\_

Special needs/circumstances: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**(Please complete back)**

Photo Release:

On occasion we publish photos of activities in the newsletter, West Liberty Index or on the website. By signing below you give authorization for your child's photo to be used.

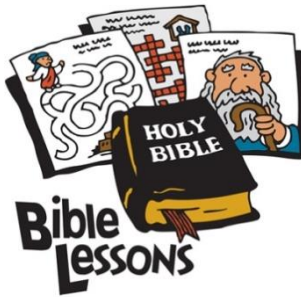
Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO FIRST CHURCH UNITED**

1100 N CALHOUN ST., WEST LIBERTY, IA 52776

319-627-2989

**Arts  
& Crafts**



**FUN and GAMES**