

**Mount Joy Mennonite Church**  
**Pioneer Clubs Registration Form, 2011-2012**  
(ONE CHILD PER FORM – PLEASE PRINT)

**Child's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parent/Guardian's Name(s):** \_\_\_\_\_

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

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

**Email Address:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Congregation** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Phone numbers** \_\_\_\_\_

**Name of persons other than parents who may pick child:**  
\_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**List any allergies:** \_\_\_\_\_

**Please check one:**  
 Scooters Age 4 (by Sept. 1) thru Kindergarten  
 Voyagers (Grades 1 & 2)  
 Pathfinders (Grades 3 & 4)  
 Trailblazers (Grades 5 & 6)

**I give Pioneer Clubs permission to use photos that include my child to advertise Pioneer Clubs in the newspaper, Merchandiser, etc. Photos will not be used on the internet.**

\_\_\_\_\_  
**PARENT'S SIGNATURE** \_\_\_\_\_  
**DATE**

**My child has my permission to participate in any activities related to Pioneer Clubs. Mount Joy Mennonite Church (MJMC) has my permission to seek medical care for my child in the event I am unable to be reached. I will not hold MJMC or staff responsible for accidents or injuries while my child is in the Pioneer Clubs program at the church.**

\_\_\_\_\_  
**PARENT'S SIGNATURE** \_\_\_\_\_  
**DATE**