



# Calvary Kidz Club

## VBS SUMMER PROGRAM APPLICATION

**This packet may ONLY be completed by an individual who is the LEGAL parent/guardian.**

Please print clearly & neatly. Thank you!

Today's Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**WHICH TYPE OF CARE ARE YOU REGISTERING FOR?  REGULAR (8-5)  EXTENDED (7-6)**

**CHILD'S INFORMATION** Sex:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

What grade is your child in? \_\_\_\_\_ School: \_\_\_\_\_

What size t-shirt does your child wear?  Youth Sm.  Youth Md.  Youth Lg.  Sm.  Md.  Lg.  X-Lg.

**Please check all the boxes that apply.**

My child can:  Act  Dance  Sing  Play an instrument: \_\_\_\_\_

**What are some of your child's favorite activities & games?** \_\_\_\_\_

**Is there anything you'd like for us to know regarding your child?** \_\_\_\_\_

**Please list 2 additional adults in which you give permission to sign your child out of the program.**

**This individual MUST have positive ID to sign your child out of the program. No exceptions!**

Person 1: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Person 2: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

**In addition to this completed application, I realize I must also submit the following...**

- 1.) \$49 Registration Fee
- 2.) Medical/Emergency Contact Sheet
- 3.) Photo Media Release
- 4.) Multi-Fieldtrip Permission Slip
- 5.) Blanket Bowling Permission Slip
- 6.) Policy & Procedure Acceptance Form
- 7.) Assumption of Risk & Waiver of Liability Form

**~ IMPORTANT NOTE ~**

**All parents/guardians MUST attend the MANDATORY informational orientation on Monday, June 30th from 6-7 pm with a form of PHOTO ID which will be photocopied upon sign-up. Thank you!**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_



## Medical Emergency Contact Sheet

Please print clearly & neatly. Thank you!

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**If you are employed, please list your employment information below.**

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

What hours do you work? \_\_\_\_:\_\_\_\_ am pm to \_\_\_\_:\_\_\_\_ am pm

**In the event that we are unable to reach you during an emergency please list up to 3 people that you would entrust your child's wellbeing to in your absence.**

Contact #1: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #2: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact 3: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**In the event of an extreme emergency, your child will be taken to the nearest emergency center/hospital. A staff member will stay with your child until you or another designated emergency contact person listed on this form should arrive.**

Parent/Guardian: Please initial and continue to the reverse side. \_\_\_\_\_

**Please print clearly & neatly. Thank you!**

**Does your child have any allergies to medicine?  Yes  No**

**If yes, please list them below.**

Allergy 1 - Medicine: \_\_\_\_\_

Briefly describe what happens when your child consumes this food or takes this medicine? \_\_\_\_\_

Allergy 2 - Medicine: \_\_\_\_\_

Briefly describe what happens when your child takes this medicine? \_\_\_\_\_

Allergy 3 - Medicine: \_\_\_\_\_

Briefly describe what happens when your child takes this medicine? \_\_\_\_\_

**Does your child have any food allergies?  Yes  No**

**If yes, please list them below.**

Food/Snack/Drink 1: \_\_\_\_\_

Briefly describe what happens when your child receives this into their system? \_\_\_\_\_

Food/Snack/Drink 2: \_\_\_\_\_

Briefly describe what happens when your child receives this into their system? \_\_\_\_\_

Food/Snack/Drink 3: \_\_\_\_\_

Briefly describe what happens when your child receives this into their system? \_\_\_\_\_

**Please list any & all special dietary needs below.**

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

**Where is your child seen for primary care:** \_\_\_\_\_

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

Pediatrician: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

The information I have indicated on this information sheet is true & accurate.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_



## **Photography & Video Recording Media Release Form**

**Please print clearly & neatly. Thank you!**

I, \_\_\_\_\_ parent or guardian of: \_\_\_\_\_ hereby grant Mt. Calvary Church and the Calvary Kidz Club VBS Program permission to photograph and/or videotape my child while he/she is a member of the program. Furthermore, I grant permission for the images and/or recordings to be used in any/all present and future materials used to represent & promote the ministry and/or program. These photos and recordings may be used in but not limited to: flyers, posters, newsletters, websites, magazine, newspapers, tv ads, social media etc.

**I'm fully aware that all photographs & video recordings  
will remain property of Mount Calvary Church.**

Agreed & accepted this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

Parent/Guardian's Signature: \_\_\_\_\_

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



## Multi-Fieldtrip Permission Slip

Please print clearly & neatly. Thank you!

I, \_\_\_\_\_ parent or guardian of: \_\_\_\_\_  
am aware that each week my child will be taken off site for various FUN-trips. I grant the program staff permission to include my child on the following outings. I acknowledge that I've reviewed each trip by initialing each outing.

### Fieldtrip #1: Wednesday, July 16th / Franklin Park Zoo – Dorchester, MA

I give my child permission to attend the trip listed above.

Parent/Guardian's Initials: \_\_\_\_\_

### Fieldtrip #2: Wednesday, July 30th / Museum of Science - Boston, MA

I give my child permission to attend the trip listed above.

Parent/Guardian's Initials: \_\_\_\_\_

### Fieldtrip #3: Wednesday, August 13th / Lego Discovery Center - Somerville, MA

I give my child permission to attend the trip listed above.

Parent/Guardian's Initials: \_\_\_\_\_

### Important Information:

Lunch will be provided by the club for each trip.

Program t-shirts MUST be worn on ALL fieldtrip days, except bowling outings.

Children are not allowed to bring any spending money on the field trips.

Transportation will be provided either via passenger vans or chartered school bus.

Parents are NOT allowed to chaperone the FUN-trips.

Children will be off site from approx. 9:15 am - 4 pm for each trip unless otherwise noted.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_



## Blanket Bowling Permission Slip

Please print clearly & neatly. Thank you!

I, \_\_\_\_\_ parent or guardian of: \_\_\_\_\_  
am aware that the program will frequent Boston Bowl in Dorchester on any given day and time throughout the duration of the 7 week program.

### Important Information:

Lunch will be provided by the club for each trip.

Program t-shirts do NOT need to be worn for the bowling outings.

Children are not allowed to bring any spending money.

Transportation will be provided either via passenger vans or chartered school bus.

Parents are NOT allowed to chaperone these bowling FUN-trips.

Children will be off site for approx. 3 hour during these bowling outings.

By signing below I hereby grant permission for my child to attend such outings on any given date and time.

Agreed & Accepted:

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

# Policies & Procedures

## GENERAL OVERVIEW

### **What TO Bring**

- Backpack (w/nametag)
- Program Folder
- Water bottle
- (1) set of changing clothes (to remain at the program)

### **What NOT to Bring**

- Children are **NOT** to bring money, cell phones, i-pads, toys, electronic games or trading cards to the club. The club staff nor the church are responsible for any lost or stolen articles while your child is attending this program.

### **What TO Wear**

- Comfortable & light colored clothing is best along w/closed toe shoes (sneakers)
- Light sweatshirt or lightweight jacket
- Program t-shirts **MUST** be worn on ALL fieldtrips days.
- If your child's t-shirt is lost, a new one **MUST** be purchased and will incur a \$20 replacement fee.

## DROP-OFF & PICK-UP:

### **Start of Program:**

Drop-off begins at 8 am for participants.

No child will be accepted into the program before 8 am.

ALL children **MUST** be signed into the program and their arrival time recorded.

No child will be allowed admittance into the program after 9 am. No exceptions!

If your child is going to be absent or late, we kindly ask that you give a courtesy call by 8:30 am to let us know.

### **End of Program:**

Pick-ups **MUST** be made by 5 pm.

(1) 5 minute grace period will be extended per week. Parents picking their child up past that grace period or tardy more than once per week will be assessed a \$1 per minute late fee until the child is picked-up and this fee will be due in cash the **NEXT** day before the child can return to the program.

If you are going to be late picking up your child, we kindly ask that you give a courtesy call to the club to let us know.

Only pre-authorized persons listed on your application will be able to pick your child up from the program.

ALL children **MUST** be signed out of the program.

# C.K.C. Polices & Procedures

(continued)

## **DRESS CODE:**

Young ladies are NOT permitted to wear ANY type of revealing clothing. Including but not limited to: belly shirts, halter tops, low-rise jeans, etc. Also, unless it is your custom or religious practice, we kindly ask that ladies do not wear dresses and/or skirts to the club. For the safety of your child and the protection of their valuables, please limit jewelry to non-dangling earrings only. If a dress or skirt will be worn, we kindly ask that leggings or shorts be worn underneath.

Young men are NOT permitted to wear A-line t-shirts as a shirt. Young men will also be required to wear a belt to the program. Sagging shorts and pants will NOT be tolerated.

No article of clothing may obtain any words and/or images that are vulgar, derogatory or go against our religious beliefs here at the church.

Any club member that is inappropriately dressed will not be accepted into the program and must leave and change if they choose to attend the program that day.

## **CELL PHONES:**

Program participants may bring cell phones with them to the club but are not allowed to have them during the day. Cell phones will be collected at the beginning of the day and given back at the end of the day. Participants will be able to call their parents or guardians during free time periods.

## **PARAPHERNALIA:**

Other than cellphones, no other electronics of any kind are allowed into the program. No money should be brought to the program. Students should not bring outside food, drinks, candy or gum into the program. In addition toys, games, blankets, stuffed animals, and/or trading cards should not be brought to the club.

Neither the program, church nor any of its staff members or volunteers may be held responsible for the loss, theft or damage to any item(s) not permitted into the program.

## **PARENTAL VISITS:**

If you would like to visit your child at the program, please feel free to do so. However, we would appreciate a note or call indicating the day & time you would like to visit. You are more than welcome to join your child for lunch.

If you decide to take your child with you at the conclusion of your visit, you may do so but not without informing a staff member and signing an early dismissal form.

## **HEALTH & WELLNESS:**

Please know that the program staff will make every possible attempt to ensure the health, safety and wellness of your child(ren) while they are under our care. Unfortunately as children play, sometimes slight accidents and incidents occur. If your child is involved in such an occurrence, you will be notified immediately and an incident report will be filled out and sent home with your child.

In the unlikely event that a major accident or incident occurs leaving your child to have to receive immediate medical emergency services, they will be transported to the closest area hospital or health center. In this event, a staff member will accompany and remain with your child until you or someone else listed on your emergency contact form are able to arrive.

If your child will not be attending program due to illness or they are sent home due to illness, please note your child will not be permitted back into the program without a doctor's note.

If your child has any special needs, (i.e. allergies, medication, instruction etc.) please make sure they are clearly printed on your child's medical & emergency form.



# C.K.C. Polices & Procedures

(continued)

## **DISCIPLINARY ACTIONS:**

It is our desire to maintain a safe & friendly environment for your child and our staff members. Therefore, we will adhere to a strict behavioral policy.

Our disciplinary actions will consist of: time out, a call home, a call for pick-up, failure to participate in certain activities and/or outings, a suspension or even expulsion from the remainder of the program. The severity of the offense committed will determine the measure of disciplinary action taken.

We understand that you the parent are employed and therefore, we will make every attempt not to call you or suspend or expel your child from the program. However, this program will operate on a 3 strike policy. If your child receives any of the following 3 disciplinary measures they will be terminated from the remainder of the program: call home or suspension.

You will NOT receive any refunds for payments previously made if your child is terminated from the club. Furthermore, if expulsion occurs, you will be required to submit any remaining balance in full to the program within (7) seven business days of the termination of your child.

If any behavioral issues arise, parents will be notified of problems and encouraged to assist the staff in resolving the problems.

Bullying, extreme disrespect: including but not limited to: fighting, spitting, profanity, harassment, threats, violence, wandering off, theft, vandalism, discrimination or sexual misconduct of ANY kind will NOT be tolerated in the program. Any of the aforementioned offenses may result in immediate expulsion from the program!

## **PAYMENTS:**

A non-refundable administrative/registration fee of \$49 + 1 week payment of \$185 (\$234) is due along with your completed application to register your child for the program.

Due to our already low cost, we are unable to offer program discounts of any kind.

After the initial registration and 1 week pre-payment, the program tuition will be broken up into 4 easy payments. Each payment will be for the cost of (2) two weeks care. The following pre-set payment schedule MUST be adhered to with NO exceptions or alterations of ANY kind. Your 1<sup>st</sup> two week payment is due on or before: Fri., June 27th, the 2<sup>nd</sup> two week payment will be due on or before: Fri., July 18th, and the final remaining two week payment will be due on or before: Fri., August 1st.

Payments can be made in the form of: cash, money order, CashApp or by card with your credit or debit card. Checks are NOT accepted. If payments are being made via money order, please make them payable to: Mt. Calvary. CashApp payments will be sent using the cash handle: \$CalvaryBoston. If payments will be processed using a card, an additional processing fee of \$7.95 will be incurred to cover processing fees. Receipts will be given for all payments.

Your child will NOT be permitted back into the program until any & all payments & fees have been paid in full.

Your child will not be accepted into this program if a parent or guardian does not attend the orientation on Mon., June 30th. If you do not attend this informational session, your child will be terminated from the program and you will be required to submit the remaining balance of the program tuition in full to the program director within (5) five business days of termination.

Once you sign & submit your application along w/this agreement you are bound to the program. If for some reason you decide that your child will not be attending the program, you will still be held liable and required to submit the remaining balance of the program tuition in full to the program director within (5) business days of cancellation.

Mt. Calvary Church will take all necessary actions in collecting any and all monies owed to them either for services rendered or by the terms and conditions set forth in this agreement. This may include turning you over to a collection agency, and/or pursuing legal action. In the unfortunate event that alternate collection methods are made, in addition to the total due the parent will also be responsible for paying all agency/court/legal costs incurred by this organization.

# C.K.C. Polices & Procedures

(continued)

## FINAL PRODUCTION:

The program will host an End-of-Program Production to showcase the creative and artistic gifts of the participants. All program participants are required to participate in the final production on Fri., August 22nd @ 6 pm. There will be NO parent pick-up on this day as all children will be required to remain at the program until after the production. Dinner will be served to the children prior to the production.

The production will be held at the program location. Doors for the final production will open to family & friends beginning at 5:30 pm and the show will start promptly at 6 pm and run approx. 1 hour. Please note: the final production will be a ticketed event. Everyone entering the production location must have a ticket to enter. Ticket prices will be: \$7 per adult and \$3 per child, ages 12 & under. No exceptions!

It is at the sole discretion of the program staff to assign roles and production casting according to your child's strengths to make sure the final production is quality event. However, every child of the program will participate in some fashion in the production as this will be a night of drama, dance, music, song and spoken word.

The production may be video recorded. Still photography may be taken without the flash and as long as you do not interfere with the production or obstruct the view of other patrons.

All costumes & props will remain property of program. Parents will be responsible to pay a \$25 lost fee + replacement costs should any student leave the program/production without returning their costumes and/or props.



I, \_\_\_\_\_ parent or guardian of: \_\_\_\_\_,

hereby understand and completely agree to adhere to all of the above aforementioned policies & procedures set forth by Mount Calvary Church on behalf of Calvary's Kidz Club VBS Program.

**Agreed & accepted this \_\_\_\_\_ day of \_\_\_\_\_, 2025.**

Parent/Guardian's Signature: \_\_\_\_\_

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

# CALVARY KIDZ CLUB

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

**WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!**

**- THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS -**

1. I am voluntarily registering my child to participate in "Calvary Kidz Club" ("**PROGRAM**"), a recreational day V.B.S. summer program sponsored by Mount Calvary Holy Assembly ("**CHURCH**"). I understand that participation in the program involves a number of recreational activities, and field trips which may include but are not limited to: swimming, obstacle courses, bungee trampolines, frisbee, kickball, dodgeball, bowling, video arcade games, petting zoos, bounce houses, field trips, transportation by motor vehicle, amusement inflatable attractions, and also other recreational activities ("**ACTIVITY**"). I understand that PARTICIPATING IN THE ACTIVITY AS WELL AS THE PROGRAM, INCLUDING FACILITIES OF THE PROGRAM CAN BE HAZARDOUS AND PRESENTS A RISK OF PHYSICAL INJURY OR DEATH.

2. I ACKNOWLEDGE THAT THIRD PARTY VENDORS, AND FIELD TRIP SITES NOT AFFILIATED WITH THE CHURCH OR PROGRAM, MAY PROVIDE AND OPERATE MANY OF THE ACTIVITIES AND THAT THE PROGRAM NOR CHURCH MAKE ANY WARRANTIES OR REPRESENTATIONS REGARDING THESE PROVIDERS.

3. I EXPRESSLY ACKNOWLEDGE AND ASSUME ALL RISKS AND DANGERS associated with the activity. I understand that the risks and dangers include, but are not limited to: the negligence of other participants and instructors; falling; equipment malfunction; sharing the facilities with others; not following the direction of the activity provider or third party vendor's personnel; high speeds; slick or uneven surface conditions; variations in slope, surface and subsurface terrain; bumps; stumps; rocks of various sizes; course and venue configuration and/or conditions; marked and unmarked obstacles; varying conditions; collisions or accidents when traveling by vehicle to/from an activity site; contact with wild animals or allergens; becoming lost or separated; forest and/or other fires; lightning, storms and other adverse weather; strenuous activity; fatigue; exhaustion; dehydration; heatstroke; high elevation; and altitude sickness.

4. IN CONSIDERATION FOR MY CHILD BEING ALLOWED TO PARTICIPATE, I AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE Mount Calvary Holy Assembly, and all their respective insurance companies, successors in interest, commercial and corporate sponsors, agents, employees, representatives, assignees, officers, directors, staff members and volunteers (each a "**RELEASED PARTY**") FROM ANY AND ALL LIABILITY and/or claims for injury or death to persons or damage to property arising from the child's participation in both the program overall and activity, INCLUDING THOSE INJURIES AND DAMAGES CAUSED BY ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE (including failure to take reasonable steps to protect against the risks of the program or activity) OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT AGAINST THE RISKS, DANGERS AND HAZARDS OF THE PROGRAM OR ACTIVITY. I TAKE FULL RESPONSIBILITY FOR ANY INJURY OR LOSS to me or my child, including death, which I or my child may suffer, ARISING IN WHOLE OR IN PART OUT OF THE PROGRAM OR ACTIVITY.

I AGREE TO PAY ALL COSTS AND ATTORNEY'S FEES INCURRED BY ANY RELEASED PARTY IN DEFENDING A CLAIM OR SUIT BROUGHT BY ME, ON MY CHILD'S BEHALF, OR AS A RESULT OF MY CHILD'S PARTICIPATION IN THE PROGRAM OR ACTIVITY.

In consideration for allowing my child to participate in both the program and activity, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT MY CHILD OR I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, including those of which I am not aware, those not mentioned in this release and those resulting FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

5. I represent that my child is in good health and has no special problems with his or her physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for my child which may be necessary and agree to be fully responsible for any associated costs.

6. I agree that ANY AND ALL CLAIMS FOR LOSS, INJURY AND/OR DEATH REGARDING AN ALLEGED INCIDENT SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED AND EXCLUSIVE JURISDICTION SHALL BE IN THE STATE or federal court sitting in the district where the alleged incident occurred.

7. I represent that I am the parent or legal guardian of the child listed below and VOLUNTARILY GRANT PERMISSION FOR MY CHILD TO TAKE PART IN THE PROGRAM AND ACTIVITY. I acknowledge that I am signing this release on behalf of my child and that my child ALL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, ARISING FROM ANY MISREPRESENTATIONS IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.

8. I understand that this release shall apply during every time my child participates in both the program and activity during the program operating season and that this release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon my and my child's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

### MINOR PARTICIPANT INFORMATION - Requires Parent/Guardian to Complete, Sign & Date Below

**MINOR: (PLEASE PRINT)**

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (MM-DD-YYYY)

### PARENT/GUARDIAN INFORMATION – Required to Complete, Sign & Date Below

**PRINT** - Last, First, M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (MM-DD-YYYY)

**SIGNATURE:** \_\_\_\_\_ Today's Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

RELATION: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_