

# King's Kids Week / Konings-Kinders Week

All primary school children (grade R - 7) are welcome to join us for a week of Jesus-centered fun of stories, games, crafts and loud singing!

Date: 3 - 7 July 2017

Time: 9:00 - 12:30 (Sign-in & Registration @ 8:30)

Location: STILBAAI COMMUNITY HALL / GEMEENSKAPSAAL

Cost: FREE!

Language: Afrikaans & English

Contact: Rev. Carel-J Rischmüller 084-071-7663 <http://stillbaybaptist.co.za>  
Ds. Francois Taljaard 061-460-6404

PLUS Closing Celebration Evening for children, parents and grand parents:

Friday 7 July 5pm @ Stilbaai Community Hall / Gemeenskapsaal

-----X-----X-----X-----X-----X-----

Child's Name \_\_\_\_\_ Kind se Naam

Child's Surname \_\_\_\_\_ Kind se Van

Child's Birth date \_\_\_\_\_ Kind Geboortedatum

Language \_\_\_\_\_ Taal

Grade \_\_\_\_\_ Graad

Boy [ ] Seun      Girl [ ] Meisie

Allergies \_\_\_\_\_ Allergie

Parents Names \_\_\_\_\_ Ouers se Name

Parents Home Tel Nr \_\_\_\_\_ Ouers Huis Tel Nr

Parents Cellphone Nr \_\_\_\_\_ Ouers Selfoornommer

Physical Address \_\_\_\_\_ Fisiese Adres

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Church you attend \_\_\_\_\_ Kerk wat u bywoon

I, the undersigned, (full name of parent) \_\_\_\_\_

Hereby give consent that the above mentioned child may attend King's Kids Week from 4 - 8 July 2016 from 09:00 (doors will open at 08:30) until 12:30, when the child MUST be collected.

Whilst all reasonable precautions and measures will be taken, I understand that attendance of this event, and participation of all activities by my son/daughter/ward, are undertaken at the above mentioned child's own risk and I/we indemnify, hold blameless and absolve Still Bay Baptist Church / Stilbaai NG Kerk, and all King's Kids Week leaders and volunteers against all claims of whatsoever nature that may arise as a result of my son/daughter/ward attending the above mentioned event.

I further request that the leader/s in charge act 'IN LOCO PARENTIS' during this event. I understand that in case of any illness or accident where medical attention is required, the cost thereof will be my liability.

SIGNATURE OF PARENT / GUARDIAN:

Date: