

Children's Ministry Child Registration

Child's name (First & Last): _____ Birth date: __/__/__ Sex (circle) M F

Name of School: _____ Grade in 2017/2018: _____

Parent(s)/Guardian names: _____

Siblings: _____

Address: _____

Email Address: _____

Home phone: _____ Cell Phone: _____

Allergies: _____ Special Conditions: _____

Security:

Persons other than parents who are 16 years of age or older that are authorized to pick up your child:

Name: _____ Phone/Cell: _____

Name: _____ Phone/Cell: _____

Persons NOT authorized to pick up your child:

1. _____ 2. _____

Emergency Contact (if unable to reach parents):

Name: _____ Phone: _____ Relationship to child: _____

Emergency medical consent:

In the event of an emergency and immediate medical attention is necessary, I consent to the church taking action which it deems necessary to secure emergency medical care/treatment for my child.

Parent Signature: _____ Date: _____

Health Insurance:

Insurance Company: _____ Plan: _____ Group #: _____

Doctor's name: _____ Phone: _____

Field Trips:

Occasionally, we will take children off church grounds for events and field trips.

I, _____ as parent / guardian of the above named child, give him / her permission to participate in off campus outings. I release the church and its representatives from any liability in the event of an accident en route, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

Parent Signature: _____ Date: _____