

Children's Ministry - Emmanuel Baptist Church

Registration Form - 2018/2019

Please indicate the Fall/Winter programs that your child will participate in for 18/19.

- Faith Kids (Sunday Morning Children's Church)
 Connection Kids (Sunday Evening Children's Church)

Child's Name:

First: _____ Last: _____

Sex: _____ Age: _____ Grade: _____

Birthday: _____

Home Phone Number: _____

Family E-mail Address: _____

Do you give your permission for the Director of a program or your child's Small Group Leader to send e-mails to your child and family related to the program or as a way of building appropriate friendships? Yes No

Address: _____

Postal Code: _____

School Attending: _____

Parent/s or Guardians Full Names: _____

Additional Phone Numbers Parent/s or Guardians may be reached at:

Additional Comments: (Are there any particular needs, special interests that your child may have that you would like their small group leader to be aware of?)

(please turn over)

Medical Information and Release Form

I give permission for Emmanuel Baptist to use photos of my child from church events.

- For internal use only
- For external use only
- For both internal and external use
- Do not use my child's picture

Does your child have any medications, food, or environmental allergies that we should be aware of?

Explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that we should be aware of?

Explain: _____

In case of an emergency, if parents cannot be reached, please contact:

Name: _____

Phone: _____ Relationship: _____

In case of an emergency, I understand that every reasonable effort will be made to contact me. In the event that I can not be contacted, I hereby give permission to the attending physician to provide medical treatment. I understand that every precaution will be taken for the safety and good health of my child, but in the event of accident or sickness, I hereby release Emmanuel Baptist Church, its staff, and its volunteers from any liability.

Signature of parent or legal guardian: _____

Date: _____