



# registration form

(One per child)

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: ( \_\_\_\_ ) \_\_\_\_\_

Parent/caregiver's cellphone: ( \_\_\_\_ ) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Allergies, medical conditions, or special needs: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Do you permit your child's picture to be taken and used for a follow up video presentation? Yes \_\_\_ No \_\_\_  
(This presentation will be shown in our church service as well as through ZOOM to our followers.)