

Children's Ministry - Emmanuel Baptist Church

Registration Form – 2023/2024

Please indicate the Fall/Winter programs that your child will participate in for 23/24

Child's Name:

First: _____ Last: _____

Grade: _____ Age: _____

Birthday (day/month/year): _____

Cell Phone Number(s): _____

Family E-mail Address: _____

Do you give your permission for a leader of our program 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 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: _____