

# Children's Ministry - Emmanuel Baptist Church

## Registration Form - 2019/2020

Please indicate the Fall/Winter programs that your child will participate in for 19/20

- 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 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?

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Explain: \_\_\_\_\_

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

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Explain: \_\_\_\_\_

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**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: \_\_\_\_\_