



Parent or Guardian Name(s) _____

Relationship to child _____

Address _____ Postal Code _____

Telephone (_____) _____ E-mail _____

1st Child/Youth

Name _____ Age _____
Date of Birth (yy/mm/dd) _____ Grade _____
Baptized Y / N Female / male
Allergies/Special Instructions _____

2nd Child/Youth

Name _____ Age _____
Date of Birth (yy/mm/dd) _____ Grade _____
Baptized Y / N Female / male
Allergies/Special Instructions _____

3rd Child/Youth

Name _____ Age _____
Date of Birth (yy/mm/dd) _____ Grade _____
Baptized Y / N Female / male
Allergies/Special Instructions _____

To record and publicize what we do, we sometimes take and use photographs/video of children engaged in activities and their artwork.

- I give permission for my child/children and/or their artwork to be photographed/videotaped and to be used for church related material.

Signature of parent /guardian

Date

Registrations are confidential and should be filled out to ensure safety and communication with parents and/or guardians and children/youth.

Recent Police record checks are required for volunteers and paid staff.