

Children/Youth Registration

For children and youth (Nursery – 12th Grade) 2016-2017



1st Child Information

Name _____ Gender F / M Birth date _____

Age _____ School _____ Grade Level (as of Fall 2016) _____

Allergies/Medical Information/Other:

Nursery (0-2 yr):

- Fri Nursery (7-9 pm)
- Sun Nursery (9:30am-12:30pm)

Children (3 yrs – 5th Grade):

- Fri Children Program (7-9 pm)
- Sun Children Bible Study (9:30-11 am)
- Sun Children Worship (11:30am-12:30pm)

Youth (6th –12th Grade):

- Fri Youth Program (7-9 pm)
- Sun Youth Bible Study (9:30-11am)
- Sun Adult Worship (11:15am-12:30pm)

2nd Child Information

Name _____ Gender F / M Birth date _____

Age _____ School _____ Grade Level (as of Fall 2016) _____

Allergies/Medical Information/Other:

Nursery (0-2 yr):

- Fri Nursery (7-9 pm)
- Sun Nursery (9:30am-12:30pm)

Children (3 yrs – 5th Grade):

- Fri Children Program (7-9 pm)
- Sun Children Bible Study (9:30-11 am)
- Sun Children Worship (11:30am-12:30pm)

Youth (6th –12th Grade):

- Fri Youth Program (7-9 pm)
- Sun Youth Bible Study (9:30-11am)
- Sun Adult Worship (11:15am-12:30pm)

3rd Child Information

Name _____ Gender F / M Birth date _____

Age _____ School _____ Grade Level (as of Fall 2016) _____

Allergies/Medical Information/Other:

Nursery (0-2 yr):

- Fri Nursery (7-9 pm)
- Sun Nursery (9:30am-12:30pm)

Children (3 yrs – 5th Grade):

- Fri Children Program (7-9 pm)
- Sun Children Bible Study (9:30-11 am)
- Sun Children Worship (11:30am-12:30pm)

Youth (6th –12th Grade):

- Fri Youth Program (7-9 pm)
- Sun Youth Bible Study (9:30-11am)
- Sun Adult Worship (11:15am-12:30pm)

Parents / Guardian Information

Father's/Guardian's Name _____ Cell Phone _____

Email _____

Mother's/Guardian's Name _____ Cell Phone _____

Email _____

Address _____

Home Phone _____ Home Church _____

Emergency Contacts Name _____ Phone _____

(Other than parent)

Name _____ Phone _____

Dismissal Information Name(s) of person(s) who may pick up this child other than parent(s)/guardian(s)

Initial _____ Yes, I give consent to use child's photos or videos for Living Hope promotion.

Parent/guardian of child named _____, gives permission for any adult/employee/volunteer of Living Hope in whose care said minor child has been entrusted, to seek emergency medical care for child at a nearby hospital or medical clinic in the event of illness or injury. I, the parent/guardian, will assume any and all financial responsibility for such emergency medical care.

Signature of Parent/Guardian

Date