



# Registration Form

(One Per Child)

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

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: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_



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

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

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

I grant permission to First Christian Church to use my child's photograph on the church website, newsletter, Facebook page, or other information sharing documents.

\_\_\_ Yes, I give my consent for my child's photograph to be used as described above.

\_\_\_ No, I do NOT give my consent for my child's photograph to be used.

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date