



Grand Rapids Evangelical Free Church  
2017-2018 Children's Ministries  
Registration Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade (If Applicable): \_\_\_\_\_ Gender: M F

### Parent/Guardian Contact Information

If child resides at more than one residence, please indicate the owner of each piece of information.

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone 1: \_\_\_\_\_ Home Phone 2: \_\_\_\_\_

Mobile Phone 1: \_\_\_\_\_ Mobile Phone 2: \_\_\_\_\_

Other Phone 1: \_\_\_\_\_ Other Phone 2: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

E-Mail 1: \_\_\_\_\_ E-Mail 3: \_\_\_\_\_

E-Mail 2: \_\_\_\_\_ E-Mail 4: \_\_\_\_\_

Emergency Contact Name and Phone (other than Parent/Guardian): \_\_\_\_\_

Allergies/Health Conditions/Special Needs: \_\_\_\_\_

### Program Information

Please indicate all programs this child will attend in 2017-2018

**Sunday Nursery**  
(Birth-Age 3—either or both services)

**Pathfinders 2.0**  
(Age 3-Grade 5—second service)

**Pathfinders 1.0**  
(Age 3-Grade 1—first service)

**Kidz ROC**  
(Age 3-Grade 5—Wednesdays 6:00 pm to 7:15 pm)

I agree. *I give permission for photos and/or videos of my child to be taken and used for GREFC ministries. This includes printed material as well as online sources like our website and social media sites.*

I disagree.

*In case of accident or serious illness, I request the church to contact me. If the church is unable to reach me, I authorize them to make whatever arrangements seem necessary. I understand that Grand Rapids Evangelical Free Church does not provide any form of health or accident insurance should any injury/illness occur. I also agree that I will not obligate Grand Rapids Evangelical Free Church staff, paid or volunteer, to pay any medical expenses related to such injury/illness. This form releases Grand Rapids Evangelical Free Church and staff, paid and volunteer, from any liability.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_