



Grand Rapids Evangelical Free Church
 2016-2017 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 2015-2016

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

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

Pathfinders 1.0
 (Age 3-Grade 2—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: _____