



## 2018/2019 REGISTRATION FORM Children's Ministries

### Parent/Guardian Contact Information

If parent/guardian's reside at same residence, write "Same" for home phone and address.

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

E-Mail 1: \_\_\_\_\_ E-Mail 2: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

### Children's Information Please complete for each child.

#### Child 1

Name: \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_\_

Grade (If Applicable): \_\_\_\_\_ Allergies/Health Conditions/Special Needs: \_\_\_\_\_

- Nursery** (Birth-36 mos)     **Pathfinders 1.0—9:00 am** (Age 3-Grade 1)     **Pathfinders 2.0—10:30 am** (Age 3-Grade 5)     **Kidz ROC -** (Age 3-Grade 5)

#### Child 2

Name: \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_\_

Grade (If Applicable): \_\_\_\_\_ Allergies/Health Conditions/Special Needs: \_\_\_\_\_

- Nursery** (Birth-36 mos)     **Pathfinders 1.0—9:00 am** (Age 3-Grade 1)     **Pathfinders 2.0—10:30 am** (Age 3-Grade 5)     **Kidz ROC -** (Age 3-Grade 5)

#### Child 3

Name: \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_\_

Grade (If Applicable): \_\_\_\_\_ Allergies/Health Conditions/Special Needs: \_\_\_\_\_

- Nursery** (Birth-36 mos)     **Pathfinders 1.0—9:00 am** (Age 3-Grade 1)     **Pathfinders 2.0—10:30 am** (Age 3-Grade 5)     **Kidz ROC -** (Age 3-Grade 5)

#### Child 4

Name: \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_\_

Grade (If Applicable): \_\_\_\_\_ Allergies/Health Conditions/Special Needs: \_\_\_\_\_

- Nursery** (Birth-36 mos)     **Pathfinders 1.0—9:00 am** (Age 3-Grade 1)     **Pathfinders 2.0—10:30 am** (Age 3-Grade 5)     **Kidz ROC -** (Age 3-Grade 5)

## Parental Consent

I agree/I disagree (circle) 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.

*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: \_\_\_\_\_