



2021/2022 REGISTRATION FORM Kid'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): _____

Kid's Information Please complete for each child (use back of form if you need more room.)

Child 1

Name: _____ Gender: M F Birthdate: _____

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

- Nursery**
(Birth-36 mos)
- Pathfinders**
Sundays 9:00 am
(Age 3-Grade 5)
- Kid Groups**
Days/Time varies
(K-Grade 5)

Child 2

Name: _____ Gender: M F Birthdate: _____

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

- Nursery**
(Birth-36 mos)
- Pathfinders**
Sundays 9:00 am
(Age 3-Grade 5)
- Kid Groups**
Days/Time varies
(K-Grade 5)

Child 3

Name: _____ Gender: M F Birthdate: _____

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

- Nursery**
(Birth-36 mos)
- Pathfinders**
Sundays 9:00 am
(Age 3-Grade 5)
- Kid Groups**
Days/Time varies
(K-Grade 5)

Child 4

Name: _____ Gender: M F Birthdate: _____

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

- Nursery**
(Birth-36 mos)
- Pathfinders**
Sundays 9:00 am
(Age 3-Grade 5)
- Kid Groups**
Days/Time varies
(K-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: _____

Email/Cell Phone Consent

I understand that my (our) email address(es) and cell phone numbers will be used for church purposes only and will not be distributed to any other organization or entity without my consent. GREFC will not add my email address to a subscription list without my consent. My email address and cell phone number will be used for church communication purposes only.

Parent Signature: _____ Date: _____