
Child Registration Form 2016-2017
Bethany Evangelical Missionary Church Children's Ministries

Basic Child Info

Child's Name: _____

Date of Birth: (M/D/Y): _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Email address: _____

Grade: _____ School: _____

May your child have snack if one is provide: YES NO

Health Card Number: _____

Allergies, health concerns, challenges, etc. that staff, teachers, or helpers need to be aware of:

Does your child require an Epi-pen? YES NO

If yes, where is it located in case of emergency? _____

Parent/Guardian(s): _____

Secondary parent contact (if different from above):

Name: _____

Phone: _____

Emergency contact (other than parent/guardians):

Name: _____

Relationship to child: _____

Phone: _____ Cell Phone: _____

Does your emergency contact also sit in the church service? YES NO

Parent/Guardian Consent:

My child's name may appear on handwork or charts displayed within in the church. My child's name will not appear alongside any photographs displayed throughout the church promoting various Children's events. The information above will be retained in Bethany's database and useful information will be passed along to group leaders if deemed appropriate.

I understand, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to a licensed medical practitioner to provide the necessary care, including anesthesia for my child's wellbeing.

Medical/Health

Contact Info

Waiver

Signature: _____ Printed Name: _____ Date: _____
