



# Central Baptist Church

## *Child Agreement/ Consent Form*

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

Child's DOB/Age: \_\_\_\_\_/\_\_\_\_\_

Allergies: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

If your child wears diapers, do you wish to have them changed by church staff/volunteer? \_\_\_yes \_\_\_no

Is there any special needs that we need to be aware? \_\_\_\_\_  
\_\_\_\_\_

Is there anyone that cannot pick up your child? \_\_\_\_\_

Do you consent to a photo release for use on Church social media, websites, etc. ?  
\_\_\_yes \_\_\_no

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

Parent(s) Number: \_\_\_\_\_

Emergency Contact other than parent: \_\_\_\_\_ Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

Church Staff

Signature: \_\_\_\_\_