



JAMESTOWN
reformed CHURCH

CHILDREN'S MINISTRIES REGISTRATION 2017-2018

Family Information

Father's Name: _____ Mother's Name _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Home Phone: _____ Primary E-mail: _____

Address (Primary Residence of Child): _____

Emergency Contact (in event Father or Mother cannot be reached):

Name: _____ Phone: _____ Relationship: _____

Are you a Jamestown Reformed: Member Regular Attendee Visitor – Home Church: _____

Child Dismissal Preference: Release my child only to an approved adult listed below

Excuse child – no adult required for pick up

Approved Adults for Pick-Up: _____

CHILD ONE:

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ School: _____

Grade ENTERING FALL 2017: Age 3 Preschool Pre-K K 1st 2nd 3rd 4th 5th

Allergies/Special Needs: _____

Enroll In: SUNDAY: Children & Worship (3 yr. olds - K) Sunday School

 WEDNESDAY: Wild Life (3 yr. -2nd grade) GEMS (3rd-5th Girls) Cadets (3rd-5th Boys)

****Please check all boxes that apply****

CHILD TWO:

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ School: _____

Grade ENTERING FALL 2017: Age 3 Preschool Pre-K K 1st 2nd 3rd 4th 5th

Allergies/Special Needs: _____

Enroll In: SUNDAY: Children & Worship (3 yr. olds - K) Sunday School

 WEDNESDAY: Wild Life (3 yr. -2nd grade) GEMS (3rd-5th Girls) Cadets (3rd-5th Boys)

****Please check all boxes that apply****

CHILD THREE:

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ School: _____

Grade ENTERING FALL 2017: Age 3 Preschool Pre-K K 1st 2nd 3rd 4th 5th

Allergies/Special Needs: _____

Enroll In: SUNDAY: Children & Worship (3 yr. olds - K) Sunday School

 WEDNESDAY: Wild Life (3 yr. -2nd grade) GEMS (3rd-5th Girls) Cadets (3rd-5th Boys)

 Please check all boxes that apply

CHILD FOUR:

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ School: _____

Grade ENTERING FALL 2017: Age 3 Preschool Pre-K K 1st 2nd 3rd 4th 5th

Allergies/Special Needs: _____

Enroll In: SUNDAY: Children & Worship (3 yr. olds - K) Sunday School

 WEDNESDAY: Wild Life (3 yr. -2nd grade) GEMS (3rd-5th Girls) Cadets (3rd-5th Boys)

 Please check all boxes that apply

Liability & Medical Waiver

I, for myself, my minor child(ren) and for my child(ren)'s other parent and/or guardian, understand that all reasonable safety precautions will be taken at all times by Jamestown Reformed Church and its agents during onsite and offsite events and activities as well as when transporting my child(ren). I understand the possibility of unforeseen hazards and know the inherent possibility of risk. In signing this form, I agree not to hold Jamestown Reformed Church, its leaders, employees, and volunteer staff liable for damages, losses, or injuries incurred by the subject of this form. In case of a medical emergency, I understand that every effort will be made to contact myself, the parent/guardian of the child, listed on this form. In the event I cannot be reached, I hereby grant permission to the physicians selected by Jamestown Reformed Church to hospitalize secure proper treatment for and/or order injection, anesthesia or surgery for my child(ren) listed on this form.

Photo Release

I give permission for the photo and video of my child(ren), which may be taken during any ministry activity, to be used for publication purposes and/or to appear on the church websites, social media or other in-house publicity.

Doctor's Name: _____ Doctor's Phone: _____

Preferred Hospital: _____

Signature of Parent or Legal Guardian: _____

Date: _____