



2016-2017 Registration Form

Child's Information

First and Last Name: _____

Birthdate: _____

Gender: M F

Grade: _____

School: _____

Allergies/Special Needs/Concerns:

This child will attend (Circle all that apply):

Sunday School 9am

Sundays 10:15am

TeamKid

Family Information

Mother/Guardian's First and Last Name: _____

Cell Phone: _____

Text? Yes No

Email Address: _____

Father/Guardian's First and Last Name: _____

Cell Phone: _____

Text? Yes No

Email Address: _____

Address: _____

Church Home: ☐ Salem ☐ None ☐ Other: _____

Emergency Information:

Emergency Contact Name: _____

Emergency Contact Number: _____

Pick Up Permission: In addition to the mother, father, and emergency contact named on this form, the following people have permission to pick up my child/children:

Photos: I understand that photos and videos may be taken of church activities which may include my child/children and may be used in print or on the church's website. I consent to these photos/videos being used in this manner. This authorization will remain in effect indefinitely, unless cancelled in writing by the undersigned.

Medical Authorization: In case of a medical emergency, I hereby give authority to any hospital and/or emergency medical personnel to render immediate medical aid, including transport if necessary, for my child, named above, as may be required at the time for his/her health and safety. This authorization will remain in effect indefinitely, unless cancelled in writing by the undersigned.

Parent/Guardian Signature: _____

Date: _____

Additional Notes: