

Children's Ministry **REGISTRATION FORM** for Pine Ridge Bible Church

Dear Parent: Please fill out the information below along with the medical release information (see back) for each child involved with activities at Pine Ridge Bible Church. If any information changes throughout the year, please let us know. It is very important to have this information to keep records up to date.

Today's Date: _____ / _____ /20 _____

Child's Full Name: _____

Child's Address: _____

City

State

Child's Date of Birth: _____ / _____ / _____ Grade: _____ School: _____
Grade he/she just completed

Severe Allergies: Yes No Epi Pen Inhaler Food Allergies: Yes No

Severe Allergies to: _____ Food Allergies to: _____

I have a special needs child: Yes No *If yes, please fill out the last form and attach it.*

Photo Release: No Yes, my child's photo may be used for internal and publicity purposes, including by not limited to: video, slide shows during Sunday Worship service, flyers, brochures, announcements in the bulletin and on our web site.

Father's Name: _____

Address: _____

Home Phone: (_____) _____ - _____ Work: (_____) _____ - _____ Cell: (_____) _____ - _____

Mother's Name: _____

Address: _____

Home Phone: (_____) _____ - _____ Work: (_____) _____ - _____ Cell: (_____) _____ - _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

Child Pick Up: List anyone who may be picking up your child other than the parents.
(Picture ID required if requested)

1. _____ 2. _____

3. _____ 4. _____

(See the Medical Release Form on the back)

To AWANA Parents

For Cubbie Parents – in order for your child to attend AWANA, he/she has to be 3 years old by Dec. 1st. If your child is not potty trained, the AWANA staff is not responsible for any diaper changes.

For All Parents – To better care for your child, we ask you pick up your child downstairs, where they will be waiting with their leader.

PHOTO / MEDICAL RELEASE FORM

In the event of a medical emergency, I herewith authorize treatment under the direction of any licensed physician of the above minor child. The authority is granted only after a reasonable effort to reach me by phone at the number listed on the other side of this form. The undersigned assumes the responsibility for any cost and releases Pine Ridge Bible Church from any liability. This release is signed on my own free will with the sole purpose of providing medical treatment under emergency circumstances in my absence.

Parents – please check the front of this form for any updates and sign below each year...
This release is valid for (1) year from date signed.

Today's date: ____ / ____ / ____ Grade in school he/she just completed: _____

Parent Signature: _____

Family Physician: _____

Special Instructions: _____

Photo Release: No Yes, my child's photo may be used for internal and publicity purposes.

Today's date: ____ / ____ / ____ Grade in school he/she just completed: _____

Parent Signature: _____

Family Physician: _____

Special Instructions: _____

Photo Release: No Yes, my child's photo may be used for internal and publicity purposes.

Today's date: ____ / ____ / ____ Grade in school he/she just completed: _____

Parent Signature: _____

Family Physician: _____

Special Instructions: _____

Photo Release: No Yes, my child's photo may be used for internal and publicity purposes.

Today's date: ____ / ____ / ____ Grade in school he/she just completed: _____

Parent Signature: _____

Family Physician: _____

Special Instructions: _____

Photo Release: No Yes, my child's photo may be used for internal and publicity purposes.

Today's date: ____ / ____ / ____ Grade in school he/she just completed: _____

Parent Signature: _____

Family Physician: _____

Special Instructions: _____

Photo Release: No Yes, my child's photo may be used for internal and publicity purposes.

Pine Ridge Bible Church Parent/Child Information Form

If you have a special needs child, please fill out this form and include it with the registration form.

Parent's Name _____

Phone Number _____ E-mail Address _____

Child's Name _____

Child's Age _____ Birthday _____ / _____ / _____

Child's Interests _____

Health Concerns _____

Child's Limitations _____

Special Needs/Care Instructions _____

Other Information _____

Severe Allergies _____

Siblings/Ages _____