

Date: ___/___/___

Elevation Kids Registration Form

PARENT/GUARDIAN

1st Parent Guardian Name: _____ Mobile #: _____

Email Address: _____

Home Address: _____

2nd Parent Guardian Name: _____ Mobile #: _____

Email Address: _____

Home Address: _____

CHILDREN

Name: _____ **Gender:** M/F **DOB:** _____ **Photo Release Y/N**

Please Circle The Appropriate Classroom:

Sunday/Wednesday: Nursery (0-1) Toddlers (2-3) Pre-K-K (4-5) Junior Church (1st-6th) Truth Seekers Club 56

Allergies/Medical Notes: _____

Name: _____ **Gender:** M/F **DOB:** _____ **Photo Release Y/N**

Please Circle The Appropriate Classroom:

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Allergies/Medical Notes: _____

Name: _____ **Gender:** M/F **DOB:** _____ **Photo Release Y/N**

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Allergies/Medical Notes: _____



Photo Release Form

I grant permission to White Mountain Bible Church's Elevation Kids Ministry to record photos or videos of my child while on the church property or at church sponsored events and permit White Mountain Bible Church's Elevation Kids Ministry to display these pictures or videos in The Loop newsletter, the church website, or during church gatherings.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date