



# CHILDREN'S MINISTRY REGISTRATION FORM

**In order for us to best serve your child, please complete ALL of the information.**

- Pre-registration for Children's Church is required and we currently have classes available for youth **K-5<sup>th</sup> grade.**

## **SECTION 1 CHILD'S INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (F / M) \_\_\_\_\_

Date of Birth M/D/Y \_\_\_\_\_ I understand that pictures of my child may be taken throughout the year and I authorize the use of my child's photo to be used for the Children's Ministry brochure, in the newsletter, on social media and church publications. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important information about your child:**

Medical Condition: \_\_\_\_\_

List of Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

## **SECTION 2 PARENT(S) / GUARDIAN INFORMATION**

1. First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

2. First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Email Address 1: \_\_\_\_\_ Email Address 2: \_\_\_\_\_

1. Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Cell: \_\_\_\_\_

### **Siblings:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (F / M) \_\_\_\_\_ date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (F / M) \_\_\_\_\_ date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (F / M) \_\_\_\_\_ date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (F / M) \_\_\_\_\_ date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (F / M) \_\_\_\_\_ date of Birth \_\_\_\_\_

I give permission for my child to participate in New Life Christian Fellowship Children's Ministries Programs. I understand that in the event of an emergency every effort will be made to contact the parents/guardians, however, in the event of an emergency when a parent/guardian cannot be located, I hereby authorize New Life Christian Fellowship Staff/Personnel/Sunday School Teachers to administer emergency medical treatment and/or transportation for my child in the event of sudden illness or accident.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date