



Nursery, Toddler, Preschool Ministries



# Children's Ministry Child Registration

Please list all children on Registration form



K-5th Grade Ministries

#1 Parent/Adult Information		#2 Parent/Adult Information	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
*Home #	*Cell #	*Home #	*Cell #
Email:		Email:	

Child's Name (First & Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	*Level (check one per child)	School
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Nursery <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Grade: _____	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Nursery <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Grade: _____	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Nursery <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Grade: _____	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Nursery <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Grade: _____	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Nursery <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Grade: _____	

*\* Nursery (0-18mths); Toddler (18mth-potty trained); Preschool (potty trained-PreK); Grade (K-5th)*

Are there any allergies?  Yes    No   If yes, please list child and allergy: \_\_\_\_\_

\_\_\_\_\_

Is there any restraining order or custody situation that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

**OPTIONAL (Please check if interested)**

I am interested in receiving more information about possibly serving in any of your Kidz Ministries (check all that apply)

- Nursery
- Toddler
- Preschool
- K-5th grade

- Once a month
- Twice a month
- Regularly
- Other \_\_\_\_\_

# Names of Children:

LAST NAME	FIRST NAME	AGE	GRADE

## VIDEO/PHOTO RELEASE

Photos may be taken and videos may be produced and used for future publicity. By signing this form, you are giving permission for your child to be included in the photo and video.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you have Health Insurance?  Yes  No

Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Medical/Liability Release

I, the undersigned parent/guardian do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care to which the physician/dentist in their best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I hereby waive any claim against Redeemer's Church also known as Reedley First Baptist Church.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## I AUTHORIZE THE FOLLOWING ADULT/S TO PICK UP MY CHILD(REN) FROM THEIR CLASSROOM:

_____ NAME	_____ RELATIONSHIP TO CHILD
_____ NAME	_____ RELATIONSHIP TO CHILD
_____ NAME	_____ RELATIONSHIP TO CHILD
_____ NAME	_____ RELATIONSHIP TO CHILD

## THE FOLLOWING IS A LIST OF NAMES OF PEOPLE THAT ARE NOT ALLOWED TO PICK UP MY CHILD(REN):

\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_