



Children's Ministry Registration Form

Today's date: _____ / _____ / _____
 Ent'd in SKDB: _____ / _____ / _____
 by _____
 Nametag made
 Regis copy in office Regis original in classroom

Child Information *(please print clearly)*

LAST Name _____ FIRST Name _____ M / F
CIRCLE ONE

Birthdate _____ / _____ / _____ Age _____ Grade _____ School _____

Allergies / Special Needs: _____

Address _____ City _____ Zip _____

Family Email _____ Other _____

Parent/Guardian Information *(please print clearly)*

Name _____ Email _____

Phone _____ Cell _____

Name _____ Email _____

Phone _____ Cell _____

Please list two (2) contacts to call in case of an emergency

Name _____ Ph# _____

Name _____ Ph# _____

DISMISSAL WAIVER

Note: For their safety, all children, nursery through 4th grade, are required to stay in their classroom until their parent picks them up. If the parent desires that the child be dismissed in any other manner, this waiver must be filled out. Thank you.

I give permission for the above named child to be dismissed from class by _____.

Relationship to child: _____ *(Siblings must be 6th grade or older)*

Signature of Parent or Guardian

Date

AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT

I (We), as the parent(s) or guardian(s) of the child named above, do hereby authorize Community Christian Fellowship, as agents of the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by and is licensed under the provisions of the Medical Practice Act of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his/her best judgment may deem advisable.

Signature of Parent or Guardian

Date