

Date Received: _____

Admin initials: _____

Prince Chapel Children's Church Registration Form 2013-2014 Conference Year

NOTE: Please fill out this form as accurately and completely as possible, if registering more than one child please use a separate registration form.

General Information

Child's full name _____ Birth date _____ Grade _____

Male Female Age _____

Mother/Guardian _____

Father/ Guardian _____

Address _____ City _____ State _____ Zip code _____

Phone #s (____) ____ - _____ (Home) (____) ____ - _____ (Mother's cell)

(____) ____ - _____ (Father's cell)

Are both parents living at home YES NO If no, who has legal custody of the child? _____

If the person who regularly brings the child is different than above, please list:

E-mail _____

E-mail _____

When will your child be attending PCCC? 1st Sunday 3rd Sunday 4th Sunday Every Sunday

Emergency Contacts (In case of accident or parent (s) cannot be contacted)

1. Name _____ Phone # _____ Relationship _____

2. Name _____ Phone # _____ Relationship _____

Medical Information (Volunteers, staff or any other ministry leader will at no time administer medicine to your child)

Please list any food allergies: _____

Does your child have any physical concerns or limitations we need to be aware of YES NO

If yes please list:

Prince Chapel Children's Church Releases

Parents: Please check the boxes to which you agree. If a box is left unchecked, we will assume you DO NOT give your permission for that particular item. Please note that if the code of conduct box or the medical release box is NOT checked, your child will be unable to participate in children's church activities and or events.

- General release:** I give my consent for my son/daughter to attend Prince Chapel Children's Church, activities, and events both on site and off site. I will be provided specific event information in advance for any activity that will be taking place off site.

- Medical release:** In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contacts listed, I give my permission for my child to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release Prince Chapel Christian Methodist Episcopal Church, its staff, ministry leaders and volunteers, and all those related to it, from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

- Transportation:** Should transportation be needed, I agree to allow my son/daughter to ride with either the ministry leaders, a volunteer of the church, or a parent. Appropriate safety standards will be maintained and children will always be provided seatbelts. If no such permission is granted, I agree to transport my child to and from any offsite event.

- Photograph Release:** Occasionally photos may be taken during Children's Church events, or other church activities. Sometimes those photos will appear on the Prince Chapel website, or church social network page. I permit Prince Chapel to post photos including my child on its website or in other church publications.

I agree to those statements for which I checked the box and do not agree to those I did not check.

Signed (parent/guardian)

(Signature)

(Date)