

# Bethany Evangelical Free Church

# FAMILY REGISTRATION

## Children & Family Ministry: Infant - Grade 5

PARENT(S)/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

CIRCLE CONTACT PREFERENCE		
TEXT	PHONE	EMAIL

Child's Name (last, first)	Birthdate	Age	Grade	Allergies/Medical/ Special Needs
1				
2				
3				
4				
5				

**Person(s) Authorized to pick up children:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**Person(s) NOT Authorized to pick up children:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Initial here \_\_\_\_\_ to give permission for your elementary or older child to walk to McDonalds or along the Highline Canal with their leaders and classmates.

Initial here \_\_\_\_\_ to give permission for your child to be photographed and can be used on website or social media

### EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_

**IN CASE OF AN EMERGENCY, I understand every effort will be made to contact a child's parent or guardian. In the event I cannot be reached, I hereby give permission for emergency treatment for the listed children in my care. In case of an accident, I hereby release Bethany Evangelical Free Church, any staff member, and/or volunteer from liabilities.**

NOTE: PLEASE FILL OUT IN INK

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_