

UBC Children's Ministry Registration Form

Child's Name _____

Parent/Guardian Name _____ Relationship to child _____

Address _____ City _____ Zip _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Age Information: Age: _____ Grade _____ or Preschool Kindergarten

Medical Information: Medical or other information we need to know. (Please include any food allergies)

Emergency Contact:

Name _____ Phone _____

Dismissal Information: Who may pick up your child ? (ID will be required)

Other Information:

Do you attend church or a Community Group? _____ If so where? _____

If you are visiting our church, who are you a guest of? _____

May we have permission to photograph your child? Yes No

May we use your child's photograph in church publications for the purpose of promotion? Yes No

I agree to release all liability from University Baptist Church (members and volunteers) if my child is injured in any way during church activities. I also grant permission to University Baptist church to seek emergency medical treatment for my child should it be necessary. I understand that they will make every reasonable effort to contact me or emergency contacts I provide.

Parent/Guardian Signature: _____ Date _____

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