

Children's Ministry Registration Form 2015-2016

Complete this form to register infants-6th graders involved in any FBC Clinton, TN Children's Ministry activity, program, or special event. Fill out one form per child. This form may be released to authorized adults caring for children at specific FBC Children's Ministry events. Valid through August 1, 2016.

Child's Name:		
Last	First	
What regular activities is your child pa	articipating in at FBC? Check all that apply	/.
Sunday School or NurseryKFC Kids for Christ		
Please indicate your location on camp	pus while your child is in Sunday School ar	nd/or KFC:
Would you be interested in helping in absent? If yes, please list your intere	Children's Ministry events or when a teaclests:	ner has to be
Child's Birthdate:	_ Child's Grade 2015-2016 School Year: _	
Where does your child go to school?		
Parent or Guardian Information		
1. Parent or Guardian's Name:	First	Last
Address:		
Phone Number: 1		
Email:		
	First	 Last
Address:	1 1131	Lasi

Phone Number: 1 2
Email:
*Adults authorized to pick-up your child:
*Adults may need to show official I.D. at pick-up to verify their identity.
Medical Information
Does your child have allergies? If so, what should we expect? How can we prevent and/or treat reactions if necessary?
Child's Prescription Medications:
Please list any current medical conditions, including asthma:
Physician's Name: First Last
First Last
Physician's Phone Number:
Insurance and Emergency Contact Information
Insurance Company's Name:
Insurance Company's Address:
Insurance Company's Phone Number:

Name of Insured:							
	First			Last			
Group Number:		Polic	_ Policy Number:				
**Emergency Contact Name:							
	First	First			Last		
Relationship to Child:							
Emergency Contact Phone Nu	mber: 1			2		-	
**An emergency contact must be contacted in case of an emergence						rson would be	
Media Release							
At First Baptist Church of Clin with church members and for and Website do not include ch	promotional	use. An	y photos				
By checking below, I do or do or audio record my child in th Furthermore, I hereby transfer photograph(s), audio recordin understand that the photograpublication, electronic media, child's name and address will consent.	e participation and assign to the control of the co	on of FBC to FBC the recordings cordings n of chu	E progrange exclusing (s) in contract of the c	ns or associve right to thurch proro recording to the thick the th	iated ev use my notiona gs may l nderstan	rents. child's I materials. I be used in a id that my	
I give my consent							
I DO NOT give my consen	t						
Waiver of Responsibility							
I (Parent/Guardian) do hereby medical care. In addition, I wi employee or representative th from an injury to my child.	ill not hold Fi	irst Bapti	st Churc	h of Clintor	ı, TN, o	r any	
Parent or Guardian's Name (F	Please Print):						
Signature:				Date:			