



Central Christian Church
2009/2010 Child Registration Form
(Please Print)

1. Child's Name Birthdate:
M F Age: Grade (09/10 School Year): School:
Has this child been baptized by immersion? Yes No If yes, at what age?
Brought by (if other than parent/guardian): Relationship:
Parent/Guardian's Name:
Address:
City: State: Zip:
Phone:( ) E-mail:
If church correspondence should be sent to a different address, please provide that address:

For Office Use Only:
ID:
Department:

Medical Conditions or emotional needs of which we need to be aware (i.e., Down's Syndrome, Autism, Asthma, Diabetes, Allergies, ADD/ADHD, etc.)

Please list the names of all people (other than parent/guardian above) authorized to pick up your child(ren):

Our children's ministry is entirely dependent on volunteers. All parents are encouraged to serve in some capacity, even if only on an occasional basis as a parent helper. Please circle your area of interest. We will contact you with further information.

- Babyworks (Infants) Creation Station (Ages 1 - 5) Light Factory (K-2nd) Power Plant (3rd-5th) Other Opportunities (Check-in, office, etc.)

I hereby grant permission for all children registered on this form to participate in the children's ministry of Central Christian Church. I understand that the parent/legal guardian(s) assumes all risk and further understand that my child could be injured while participating in children's ministry activities. In the event my child (or children) requires medical treatment while engaged in children's ministry activities, reasonable efforts will be made to contact me. However, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult volunteer acting on behalf of the ministry as an agent for me to consent to any emergency medical treatment. I have listed all of my child's (or children's) medical allergies, medications being taken, medical problems, and other pertinent information to the best of my knowledge. My child (or children) has permission to participate in all prescribed activities except as noted by me. By registering your child (or children) in this ministry you are giving Central Christian Church permission to use a photograph or likeness of your child for the purpose of promoting our ministry.

Signature: Date:

You may register additional children on the reverse side.

# Child Registration Form

(continued)

2. Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Grade (09/10 School Year): \_\_\_\_\_ School: \_\_\_\_\_  
Has this child been baptized by immersion? Yes \_\_\_ No \_\_\_ If yes, at what age? \_\_\_\_\_  
Brought by (if other than parent/guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
If church correspondence should be sent to a different address, please provide that address: \_\_\_\_\_  
\_\_\_\_\_  
Medical Conditions or emotional needs of which we need to be aware (i.e., Down's Syndrome, Autism, Asthma, Diabetes, Allergies, ADD/ADHD, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:  
Department: \_\_\_\_\_  
ID: \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Grade (09/10 School Year): \_\_\_\_\_ School: \_\_\_\_\_  
Has this child been baptized by immersion? Yes \_\_\_ No \_\_\_ If yes, at what age? \_\_\_\_\_  
Brought by (if other than parent/guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
If church correspondence should be sent to a different address, please provide that address: \_\_\_\_\_  
\_\_\_\_\_  
Medical Conditions or emotional needs of which we need to be aware (i.e., Down's Syndrome, Autism, Asthma, Diabetes, Allergies, ADD/ADHD, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:  
Department: \_\_\_\_\_  
ID: \_\_\_\_\_

4. Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Grade (09/10 School Year): \_\_\_\_\_ School: \_\_\_\_\_  
Has this child been baptized by immersion? Yes \_\_\_ No \_\_\_ If yes, at what age? \_\_\_\_\_  
Brought by (if other than parent/guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
If church correspondence should be sent to a different address, please provide that address: \_\_\_\_\_  
\_\_\_\_\_  
Medical Conditions or emotional needs of which we need to be aware (i.e., Down's Syndrome, Autism, Asthma, Diabetes, Allergies, ADD/ADHD, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:  
Department: \_\_\_\_\_  
ID: \_\_\_\_\_