



Children's Ministry FAMILY REGISTRATION

Family's last name (s)	Family's home phone:	
Family's home street address:	City/state/zip:	
Family's mailing address (if different):	City/state/zip:	
First & last name of father or legal guardian:	Email:	Cell phone:
First & last name of mother or legal guardian:	Email:	Cell phone:
<i>Designated emergency contacts and other adults who may pick up child(ren) other than parents</i>		
First & last name of emergency contact/designated adult:	Phone:	Relationship to my child(ren):
First & last name of emergency contact/designated adult:	Phone:	Relationship to my child(ren):
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Please acknowledge your understanding of the following statements by initialing next to each:

_____ If my child(ren) needs me during church, their teacher or other CMT representative will text me and I agree to receive texts during church at either cell phone number listed above. (Please remember to place your phone in vibrate mode to receive texts without disrupting the church service)

_____ Out of consideration for the teachers and others serving in children's ministry, I will do my best to promptly pick up my child(ren) from their classroom immediately after the service.

_____ I understand that my infant-4th grade child(ren) will not be released to a minor age sibling or anyone who is not listed above as a designated adult.

_____ I understand that 5th & 6th grade children will be released independently at the end of their class without parent or designated adult pick-up. If I am not in agreement with this process, it is my responsibility to speak with my child's teacher and my child(ren) at the time of drop-off to make other arrangements.

_____ I hereby acknowledge that there are no court proceedings, or court orders, pertaining to my child/children.

Please provide the following information about your child(ren):

Child's first & last name:		Child's current age:	For office use:
Child's grade in school:	Gender:	Child's birth date:	
Child's allergies, chronic illness, medications, learning concerns or activity restrictions:			
Child's first & last name:		Child's current age:	For office use:
Child's grade in school:	Gender:	Child's birth date:	
Child's allergies, chronic illness, medications, learning concerns or activity restrictions:			
Child's first & last name:		Child's current age:	For office use:
Child's grade in school:	Gender:	Child's birth date:	
Child's allergies, chronic illness, medications, learning concerns or activity restrictions:			
Child's first & last name:		Child's current age:	For office use:
Child's grade in school:	Gender:	Child's birth date:	
Child's allergies, chronic illness, medications, learning concerns or activity restrictions:			
Child's first & last name:		Child's current age:	For office use:
Child's grade in school:	Gender:	Child's birth date:	
Child's allergies, chronic illness, medications, learning concerns or activity restrictions:			
Child's first & last name:		Child's current age:	For office use:
Child's grade in school:	Gender:	Child's birth date:	
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