CCBC Youth Ministries Registration Form

2019-2020

Personal Information				
Child's Name:		_ Gender: □ Male □ Female		
Birthdate:/ Cu	middle Irrent Grade:	last Home Church (if any):	
Street Address:		City:	State:	Zip:
Parent/Guardian 1:			Home Phone:	
Work Phone:	Cell Phone:		_ Email:	
Parent/Guardian 2:			Home Phone:	
Work Phone:	Cell Phone:		_ Email:	
Are there any concerns reg	arding who might	pick up your child	I that we should kno	w about?
Medical Information Food Allergies: □ Yes □ No Medications: □ Yes □ No I	If yes, please exp			
Medical Concerns or Other	Useful Informatio	n:		
Emergency Contact:	Re	lationship to Chil	d: Pr	none:
By signing this document, I medical treatment for my cusing the contact information	child if it is deemed	d necessary and I	·	
Parent/Guardian signature			Da	ate//
Permission to Use I hereby grant permission f			ard sounds images	or video of my child
while attending the childre Creek Bible Church at its so platforms.	n's ministries of Co	edar Creek Bible (Church. I also give pe	ermission for Cedar
Parent/Guardian signature			D	ate / /