



Living Word Christian Church

Children's Ministry Registration

2021

Complete one form per child. Please print. A parent or legal guardian must sign this form.

Child's information:

Child's Name _____ Birthday ____/____/____
First Middle Last

Address _____ Grade _____ Gender: M F

City _____ State _____ Zip Code _____

Parent/Guardian 1: _____ Relationship to child: _____

Phone: _____ ☐ Home ☐ Cell *Email: _____

*Parent/Guardian 2: _____ Relationship to child: _____

Phone: _____ ☐ Home ☐ Cell *Email: _____

Is there any custodial information we should be aware of? Y N

If yes, please explain: _____

**Optional section*

Additional person(s) authorized to pick up my child:

A child will not be released to any individual unless we have your permission. Please list any person(s) other than yourself who are authorized to pick up your child. (*Minimum age requirement of 18 years old.*)

Authorized pick up #1: _____ Relationship to child: _____

Phone: _____ ☐ Home ☐ Cell

Authorized pick up #2: _____ Relationship to child: _____

Phone: _____ ☐ Home ☐ Cell

Authorized pick up #3: _____ Relationship to child: _____

Phone: _____ ☐ Home ☐ Cell

Authorized pick up #4: _____ Relationship to child: _____

Phone: _____ ☐ Home ☐ Cell

Consumption permissions:

I give permission to offer snacks/treats to this child while in attendance:

☐ Yes ☐ No

Over →

Photo release:

I hereby grant permission to Living Word Christian Church to record pictures or videos of my child while on the church property or at a church-sponsored event. I also give Living Word Christian Church permission to use these images or videos in church print and online publications including church websites and social networks knowing that their identity is kept anonymous.

Please initial your wish for the use of your child's photos:

_____ Permission granted for all purposes

_____ Permission granted only for in-house use (slideshows & various church presentations)

_____ Please DO NOT use any child's photo for any purpose

Medical history: *(Please list any medical information that we should be aware of)***Medical Conditions:**

(Check all that apply)

☐ Seizures

☐ Chest Pain

☐ Asthma

☐ Black-outs

☐ Diabetes

☐ Recurring Headaches

☐ Heart Disease

☐ Allergy: bee/wasp stings

☐ Allergy: food

☐ Other/details _____

Allergies: _____

If special treatment is needed (i.e. Inhalers, EpiPen, etc):

a. Where will the needed supplies be? _____

b. Is your child able to use this independently? _____

c. How much assistance is necessary? _____

Special Notes/Instructions: _____

Any additional information you feel we should know about your child?

I, the undersigned, consent to my son/daughter's attendance and participation in the activities of the Children's Ministry at Living Word Christian Church.

I hereby hold harmless Word of Life Ministries, Inc. aka Living Word Christian Church and any of its employees, staff, members, and/or volunteers for any incident that incurred at, or as a result of attending during the year documented on this form.

If emergency or required medical care is needed, I hereby consent to such medical care as deemed necessary by medical care providers and the event person in-charge if I do not respond in a timely manner.

Printed Name _____ Date _____

Parent/Guardian Signature _____

Send This Form

For Staff Use

UPDATES Date submitted to Office/By: _____/_____/_____

Office updated on/By: _____/_____/_____

___ Photo Release List updated ___ Consumption permissions / Allergy list updated

___ Copy to Registration Table ___ Copy to Event Person-in-Charge ___ Original to Event File

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