Family Registration for Children's Ministries 2009-2010

_____ _____ _____

Parent/Guardian Name(s) Home Phone Number Cell Phone Number

Emergency Contact

Name _____

_____

Street Address City State Zip Code

Phone _____

_____

e-mail address Church Affiliation

Child's Name	Gender (M/F)	Birthday (M/D/Y)	Grade Fall '09	Allergy/ Medical Need

Permission for use of child's name/artwork/photograph:

I, _____ (parent/guardian) ____give _____ do not give permission for my child/children (listed above) to have his/her name, photograph or artwork used in worship services, brochures, fliers, and/or newspaper articles about our programs here at Calvary.

Parent/Guardian signature _____ Date _____