

# Kidz Ministry @ E-Free

## Parent Family Registration Form



Please print clearly:

Father \_\_\_\_\_ Mother \_\_\_\_\_  
(first, last) (first, last)

Or Legal Guardian \_\_\_\_\_ (Relationship to child) \_\_\_\_\_  
(first, last)

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Parent's e-mail \_\_\_\_\_

Church Affiliation (Optional) \_\_\_\_\_

Are you willing to volunteer in a Kidz ministry area? Yes/No?

- **Child's name:** \_\_\_\_\_ Gender: M or F (circle)  
(first, last)  
Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Class: Nursery PreK K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

**Allergies/tag comments:** \_\_\_\_\_  
Does your child have a need that would require extra attention? Y or N (circle)

- **Child's name:** \_\_\_\_\_ Gender: M or F (circle)  
(first, last)  
Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Class: Nursery PreK K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

**Allergies/tag comments:** \_\_\_\_\_  
Does your child have a need that would require extra attention? Y or N (circle)

- **Child's name:** \_\_\_\_\_ Gender: M or F (circle)  
(first, last)  
Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Class: Nursery PreK K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

**Allergies/tag comments:** \_\_\_\_\_  
Does your child have a need that would require extra attention? Y or N (circle)

Is there anyone that does NOT have permission to pick up your child(ren)? \_\_\_\_\_

By signing below, I give my permission for the above child(ren) to participate in all activities associated with the children's ministry at the E-Free Church, *Gaylord Campus or Sault Campus*. I give my permission for the E-Free Church to use my child's photograph on a webpage, Facebook, bulletin board or in a church publication. We do further release absolve, indemnify and hold harmless the organizers, sponsors, and supervisors, or any or all of them in case of injury to our child. We hereby waive all claims against the organizers, the sponsors, or any people appointed by them.

\_\_\_\_\_  
(Printed Full name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(relationship to child)

\_\_\_\_\_  
(Date)