

Kidz Ministry @ E-Free

Registration (Non-guardian)



Your Information:

Name: _____
(first, last)

Relationship to child: _____

Address _____ City _____ St _____ Zip _____

Home Phone #(____) _____ Cell#(____) _____ Other #(____) _____

E-Mail: _____

Kidz Ministry Visitor Information: (if known)

Child's Address _____ City _____ St _____ Zip _____

Home Phone #(____) _____ Cell#(____) _____ Other #(____) _____

E-Mail: _____

- Child's name: _____ Gender: M or F (circle)
(first, last)

Date of Birth: ____ - ____ - ____ Class: Nursery PreK K 1st 2nd 3rd 4th

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 1st 2nd 3rd 4th

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 1st 2nd 3rd 4th

Allergies/tag comments: _____

Does your child have a need that would require extra attention? Y or N (circle)

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 the above child(ren). We hereby waive all claims against the organizers, the sponsors, or any people appointed by them.

Signature of parent or responsible party: _____
(Printed) (Signature) (Date)