

Children's Ministry Sunday Morning Registration

Today's Date: _____

Class: _____

Please fill out all information. This is for your child's safety and security while attending Children's Ministry Activities. We ask that your child have a parent/ guardian on campus, at all times, while your child is in attendance! Thank you for partnering with us to keep the safety and security of your children top priority!

Child's Information:

Name: _____ Nicknames: _____

Birth date: _____ Grade: _____

Address: _____ City/ Zip: _____

Home Phone: _____ Cell: _____

Parent/ Guardians Name(s): _____ Phone: _____

Name(s): _____ Phone: _____

Other Adults Authorized to Pick up (Children's Ministry Staff can & will ask for ID): _____

Media Recording Release

By initialing this box I authorize media of my child participating in activities of American River Community Church to be used on the website and social media for promotion of events and programs. (Yes, to pictures on website and social media)

Medical Information

Doctor: _____ Insurance: _____

Hospital of Choice: _____

Allergies: _____

The information on this form is to identify and be assured that all children leave only with authorized adults. In an emergency, children are given immediate care and parent/ guardians are informed immediately. It is important for all information on this form to be current and accurate so as to help in keeping communication open between parent and Children's Ministry Staff. Your child's safety and health are top priority and information will be kept confidential.

Signing this form verifies that this information is true and accurate to the best of your knowledge. You are legally responsible for the minor stated above.

Printed Name: _____ Signature: _____

Date: _____