

CHILDREN'S MINISTRY REGISTRATION

	Date:_					Service:	9:00	or	11:00
ON NECTION	#	should be	added to t	his chi	ld's name t	you by cell pl tag? eive a text or		t cell p	hone
First Name	Last Name	M/F	Birthday M/D/Y	Age	Grade (Fall 2013)	A	Allergies/ Spec	ial Instruc	ctions
	•		 (E×plain): _						
ILD'S PARENTS INFO	ORMATION	<u>):</u>	•						
ILD'S PARENTS INFO	ORMATION or Regular Atte	<u>):</u>	•			e us the <u>visit</u>			
ILD'S PARENTS INFO you are a Ministry Partner	ORMATION or Regular Atte	<u>l:</u> ender brii	•		olease give	e us the <u>visit</u>		mation,	
HILD'S PARENTS INFO you are a Ministry Partner	ORMATION or Regular Atte	: ender brit Last Name	nging a vis		olease give	e us the <u>visit</u>		mation,	
you are a Ministry Partner Parents First Name	ORMATION or Regular Atte	: ender brit Last Name	nging a vis	itor,	Relationship Mom / Dad Mom / Dad	e us the <u>visit</u>	or's infor	mation, Cell#	, not your
Aild lives with: Mom OR Dad / Both AILD'S PARENTS INFO You are a Ministry Partner Parents First Name HILD'S ADDRESS: Home Phone #:	ORMATION or Regular Atte	ender brit Last Name	nging a vis	itor,	Relationship Mom / Dad Mom / Dad City/Zip:	e us the <u>visit</u>	or's infor	mation, Cell#	, not your

I understand that my child may participate in physical activities or their class may be taken to the playground. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, New Life Church Gahanna, its elders, deacons, pastors, staff and any persons involved in the New Life Children's Ministries.

In the event of an emergency that requires medical treatment for the above named child, I understand that every effort will be made to contact me. However, if I cannot be reached, I give my permission to the Children's Ministries volunteers to transport my child and secure the services of a licensed physician or dentist to provide the care necessary for my child's well being. I assume responsibility for all cost connected to an accident or treatment of my child.

I grant permission for photo(s) of my child to appear among general New Life Church Gahanna photos as long as there is no identifying information, to include the New Life Church Gahanna web site at www.enewlife.com.

SIGNATURE OF PARENT/GUARDIAN:	DATE:	