

Children's Ministries Sunday Registration Form



Check one: Regular Member/Attender Visitor Looking for a Church Home

STEP 1: PARENTS'/GUARDIANS' INFORMATION

Mother/Guardian First Name _____ Last Name _____ Cell Phone _____ E-mail _____
 Father/Guardian First Name _____ Last Name _____ Cell Phone _____ E-mail _____
 Street Address _____ City _____ State _____ Zip _____ Home Phone _____
 Emergency Contact, if parent/guardian cannot be reached: Name _____ Phone _____

Parent Location: Kids' Harbor utilizes both the digital displays in the sanctuary as well as cell phones to locate parents in case of emergency. Please put your phone on silent instead of turning it off.

Independent Release Policy: Children younger than first grade must be picked up. Since children first through sixth grade are Independently Released, please establish a meeting place with your child(ren).

On-site Policy: Parents/Guardians with children younger than Kindergarten must remain on-site at College Church facilities throughout the duration of their child's class.

STEP 2: CHILDREN'S INFORMATION

Name	Gender	Birth Date mm/dd/yr	Grade in School	Child ever been diagnosed with a chronic transmittable disease, such as HIV, AIDS, or Hepatitis?	Please list any medical or other conditions/issues that may require an accommodation, intervention, or special teacher training to best serve your child. Additional Information can be written on the back	Life- Threatening Situation* Yes/No	Are there any custody issues we need to be aware of? **	Photo*** Yes/No
1								
2								
3								
4								
5								

***Life-Threatening Situation** - If this child has a life-threatening situation (allergy, severe asthma, etc.) we will need to develop a classroom action plan, including symptoms and treatment options.

****Custody Issues** - Safe Families or other release concerns.

*****Photo** - May this child be photographed and picture used in any College Church print or electronic media?

STEP 3: RELEASE SIGNATURE

Medical Release

In the event that this child is injured and I cannot be reached, I grant permission to the adult in charge of this child to grant permission for emergency medical treatment and I agree to be financially responsible for that treatment.

I authorize College Church in Wheaton to disclose the health and medical information of this child, that I provided above, including any HIV/AIDs related information, to church staff and volunteers for purposes of caring for this child and taking precautions to protect others while this child is under the supervision of College Church.

This authorization will remain in effect until revoked in writing to the Director of Children's Ministries at College Church, 332 E. Seminary Avenue, Wheaton, IL 60187.

Authorized by: _____ **Date:** _____ **Relationship to child:** _____

For Office Use Only: New Contact: _____ Arena: _____ 1 KH Class: _____ 2 KH Class: _____ 3 KH Class: _____ 4 KH Class: _____ 5 KH Class: _____

Class Roster _____ Cubby Liner (Preschool) _____ Attn Sheet (1-6) _____ WOW Attn (1-3) _____