



2009-2010 CHILD REGISTRATION FORM

In order for your family's information to be entered correctly into our system we will need this information filled out completely where appropriate. Thank you!

Today's Date: _____

Child Information:

Last name	First name	M/F	D.O.B	Age					Grade							
				0-18 mo.	18-36 mo.	3 yrs	4 yrs	5 yrs	K	1	2	3	4	5	6	

List allergies or medical concerns for each child:

Name: _____ Allergy/concern: _____
 Name: _____ Allergy/concern: _____
 Name: _____ Allergy/concern: _____
 Name: _____ Allergy/concern: _____

Parent Information:

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Guardian's Name: _____ Guardian's Cell: _____

CHILD'S Address: _____ City _____ State: _____ Zip _____

SAME AS: Both: Father's: Mother's Other

HOME Phone Number: _____ Email Address: _____

(Only if your last name does not match your child's please include your DRIVER'S LICENSE NUMBER):

Father's License Number: 1) _____

Mother's License Number: 2) _____

In the event of an emergency, I authorize first aid and/or medical treatment for this child and release RiverGlen Christian Church for any and all responsibility in connection therewith.

Signature: _____

Relationship to Child: _____

Date: ___/___/___

Yes, I give permission for pictures (sign below)

No, I do not give permission for pictures

*** I consent that audio/video recording(s) or photograph(s) made of my child's voice and/or image may be used by Riverglen Christian Church, for publicity and to promote RiverGlen. I also consent that such tapes, photos, or written transcripts of my child will be the property of RiverGlen, and they have the right to duplicate, to reproduce, and use his/her image on their website free and clear of any claim on my part.

Parent /Guardian Signature: _____ Date: _____