

KidsLife Children's Ministries 2011-2012



Please **PRINT** all information legibly on **BOTH** sides of this form

Family Information:

Father's Name (first and last) _____ Cell Phone _____

Mother's Name (first and last) _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Church Home WBBC member Other _____

Emergency Contact (if parent cannot be reached) Name _____ Phone _____

Individual Information:

Child's Last Name _____ First Name _____ Middle Initial _____

Nickname/Name Child Prefers to be called _____

Date of Birth (month/day/year) _____ Age _____ Gender: M F Grade in School (2011-2012): _____

Does this child live with the above couple? Yes No, with _____

Father's Name _____ Mother's Name _____

Step Father's Name _____ Step Mother's Name _____

Medical: Known allergies: _____

Any other serious medical conditions we should know about? _____

Has this child asked Jesus into his/her heart? Yes No Has this child been baptized? Yes No

Activities: this child will be involved in: Sunday School ; Children's Choir ; Awana

Awana Uniform size: _____ Cubbies vests: S(4); M(5); L(6); XL(8); Sparks vests: S(6); M(8); L(10); XL(12);

T&T t-shirts: Size 10,12, 14,16, S, M, L, XL

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Permissions for All Children Listed on this Form

Pick Up: In addition to the mother, father, and emergency contact named on the front of this form, the following people have permission to pick up my child/children:

1) Name _____ Relationship _____
Address _____ City _____ Zip _____
Phone _____ Cell Phone _____ WBBC member? _____

2) Name _____ Relationship _____
Address _____ City _____ Zip _____
Phone _____ Cell Phone _____ WBBC member? _____

Photos: I understand that photos and videos may be taken of church activities which may include my child/children and may be used in print or on the church's website. I consent to these photos/videos being used in this manner. This authorization will remain in effect indefinitely, unless cancelled in writing by the undersigned.

Medical Authorization: In case of a medical emergency, I hereby give authority to any hospital and/or emergency medical personnel to render immediate medical aid, including transport if necessary, for my child, named above, as may be required at the time for his/her health and safety. This authorization will remain in effect indefinitely, unless cancelled in writing by the undersigned.

I understand that I am to pick my children up within 10 minutes of the end of their last activity of the day and understand that the pick-up card(s) must be returned at sign-out prior to my children being released.

Parent or Guardian Signature _____ **Date** _____

PRINT Parent or Guardian's name _____