



REGISTRATION FORM

ONE FOR EACH CHILD

Today's Date: _____ Is this your first time? Yes _____ No _____

Spoken Language: _____

Visitor: _____ Enrollment in Sunday class: _____

CHILD'S INFORMATION

Full Name: _____ Grade: _____

Male: _____ Female: _____ Date of Birth: _____ Allergies: _____

MCP #: _____ Expiry Date: _____

Any additional concerns/information we should be aware of? _____

PARENT/GUARDIAN INFORMATION

Name(s): _____

Address: _____
Street & Number City/Town Prov. Postal Code

Phone: _____ Cell: _____ Email: _____

Are there any restrictions regarding snacks that may be given to your child? If so, please specify.

Would you like a volunteer to change your child's diaper should the need arise or is your child potty training? If so, are there special instructions?

MEDIA RELEASE

I grant Bethesda, it's representatives, and employees the right to take photographs, video and/or electronic images of any member of my family in the ELEVATE Ministry environment. I authorize Bethesda Pentecostal Church to copyright, use and publish the photographs, video and/or electronic images in print or electronically - with or without our names – for any lawful purpose to highlight and promote ELEVATE Ministries environment. My signature below indicates that I have read and understand the above statement of release.

Parent Signature for Media Release: _____

MEDICAL RELEASE

I, the legal parent/guardian of the above child, grant my permission for the above child to receive medical care if deemed necessary while in the ELEVATE Ministries of Bethesda Pentecostal Church. My signature below indicates that I have read and understand the above statement of release.

Parent Signature for Medical Release: _____

Room #: _____

Tag #: _____