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Children's Ministry Registration Form

Child's Last Name	First Name	Date of Birth	Age/ Grade	Allergies, Medical Conditions, Special Needs

Name of Parent(s), Guardian(s) or Adult(s) Responsible for Child(ren):

Address: _____

Cell Number: _____ Home/Other Number: _____

Can you receive and send text messages on your cell phone (yes or no): _____

Please note: Approved snacks for our birth through pre-k nurseries, Bible classes and worship are plain Cheerios, Goldfish crackers, butter cookies and comparable generic brand products (all nut-free).

I give permission to Clear Creek Children's Ministry volunteers to serve the snacks listed above without prior notification.

I hereby give Clear Creek Church of Christ, including its volunteers and employees permission to take, use, and publish any photographs or video of the child(ren) for the purpose of any advertising, education or promotion consistent with Clear Creek Church of Christ's mission. I agree that any such photograph or video is the exclusive property of the Clear Creek Church of Christ.

In case of an emergency, I hereby authorize Clear Creek staff and volunteers to administer needed first aid or to seek medical attention for the child(ren), and I release the church, its staff and volunteers from all responsibility in connection therewith.

Signature of Parent/Guardian or Responsible Adult

Date