

CHILDREN'S MINISTRY REGISTRATION FORM

CHILD'S INFORMATION			
First Name	Middle Name	Last Name	Preferred Name
Birth Date / /	Age	Grade	Home Phone
Mailing Address		Mom Cell Phone	Dad Cell Phone
Mothers Name		Fathers Name	
E-mail address you would like us to use to contact you		School Child Attends	
Authorized People to pick up your child (must be 18 years of age or older)			
Is there any custodial information that we should be aware of? If so please list below (documentation is required)			
Is this your church home? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, would you like to be contacted to learn more about our church? <input type="checkbox"/> YES <input type="checkbox"/> NO			

MEDICAL HISTORY
Are there any allergies that we need to be aware of?
Are there any special considerations that we need to be aware of?
Is your child taking any medication? If so, please list them and the reason for the medication.
Is there anything else that we should be aware of about your child?

EMERGENCY CONTACT INFORMATION		
<i>Every effort will be made to contact the parents or guardian of the child before treatment is given.</i>		
First Name	Last Name	Relation to Child
Home Phone	Cell Phone	Home Address
First Name	Last Name	Relation to Child
Home Phone	Cell Phone	Home Address

OTHER INFO

By checking this box, I understand that photos of my child may be taken during this activity for display at our church or on social media.

I would like to volunteer in this ministry. I can help by:

RELEASE AND CONSENT FORM FOR STUDENTS AND PARENTS

This Release and Consent Form for Students and Parents (Release) is between CHRIST COMMUNITY CHURCH - MONTREAT (CCCM) and the undersigned (Parent) as parent or legal guardian of the student participant named below (Student). For valuable consideration, the receipt and legal sufficiency of which is acknowledged, Parent agrees for themselves and for Student:

1. CCCM is providing religious, educational and/or recreational activities, which may include meals, lodging, and/or transportation:
Children's Ministry activities

2. By signing (or typing my name) this Release, Parent consents to Student's participation in the Activity and waives and agrees to assume all risks of participation by Student or Parent in the Activity. Parent releases and agrees to fully indemnify and hold harmless CCCM and its staff, officers, agents, and members from all claims, loss or liability the Student or Parent may have arising out of the Activity, including but not limited to claims for injury to property, personal injury, or wrongful death, and including but not limited to consequential and incidental damages or damages arising out of the direct negligence of CCCM or its staff, officers, agents, or members, regardless of whether they are known or unknown, and regardless of when they arise, whether before or after the signing of this Release.

3. The telephone number to contact in case of medical emergency appears below. If CCCM is unable to make contact at that number to obtain consent to treatment, Parent authorizes, but does not obligate, CCCM or its authorized agent to consent to emergency medical treatment of Student. CCCM and its agent shall be under no obligation to pay the cost of such treatment.

4. This Release is irrevocable and is intended to be legally binding upon Parent and Student and upon their estates, heirs, successors, and assigns.

Student NAME:

DATE

Parent or Legal Guardian of Student

EMERGENCY TELEPHONE NUMBER: (_____) - _____ - _____

MEDICAL INFORMATION FOR EMERGENCY USE

Medical Insurance Provider	Doctors Name	Policy Number	Phone Number
Dental Insurance Provider	Doctors Name	Policy Number	Phone Number

OFFICE USE ONLY

Received by	Date Received	Entered into ACS	Copy made for Class Book	Original to Church Office