

Registration Form



Parent's Name: _____

Address: _____

Phone: _____

Email: _____

Child #1: _____ Birthdate: _____ Grade: _____

Child #2: _____ Birthdate: _____ Grade: _____

Child #3: _____ Birthdate: _____ Grade: _____

Child #4: _____ Birthdate: _____ Grade: _____

Allergies: _____

Any other information we need to know? _____

In case of emergency, contact: _____

Relationship to child: _____

WEB Permission: We are posting pictures of our church "in action" on our website and on our CRC Facebook page. We are not putting names of the children by any of the pictures. Please check the box authorizing us to post pictures of your child(ren) on the web. If there is any reason the above-named child(ren)'s picture should NOT appear on the web, please **notify the church office immediately (616-837-8949).**

MEDICAL: I understand that accidents and illnesses can occur. If first aid is required, it may be provided by church staff or volunteers prior to the arrival of emergency personnel. If unable to locate me (the parent/guardian), I give permission to supervisors, first aid responders, and any licensed physicians to take all emergency steps that may appear necessary for the care and welfare of the child(ren) registered above. I hereby waive on behalf of myself, spouse, and the above-named child(ren) any liability of the church and of its agents, or employees/volunteers, arising out of such medical treatment.

Parent/Guardian Signature

Date