

Child Registration Form (please print)

Name of Child: _____ Date: _____

Age: _____ Last Grade completed in school: _____ Does your child attend Sunday School: _____

Name of Parent/Guardian: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

Medical or other information we need to know: (please include any allergies)

Emergency contacts with permission to pick up this child:

Children will only be released to the Parent/Guardian listed above if this section is not completed.

Name: _____ Relationship: _____

Phone # _____

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

Signature of Parent/Guardian _____

Minor (Child) photo/video consent

Name of Child: _____

We would be grateful if you would fill in this form to give us permission to take photos/videos of your child and use these in our printed and online publicity. No child's name will be used or printed in our publicity.

I give **Lebanon Baptist Church of Bloomsdale** permission to take photographs and /or videos of my child.

I grant **Lebanon Baptist Church of Bloomsdale** full rights to use the images from photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the churches aims. This might include (but not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature Parent/Guardian: _____

Date _____