

Date: _____

Main Street Baptist Church Child/Youth Registration Form

The information on this form is distributed to the applicable programs. The first page is applicable for all children in a family unit. Complete **PART A** for each child, **PART B** for babies, and **PART C** for any child who will be participating in an overnight activity.

| | | |
|-------------------------------|--------|-----------|
| Parents' or Guardians' names: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Home Phone: | | |
| _____ 's Cell Phone: | Email: | |
| _____ 's Cell Phone: | Email: | |

Children's names (up through 18 years old)

Other Persons to contact

(1) Emergency Contacts:

Name: _____

Home Phone: _____ Cell Phone: _____

(2) If there are other persons you would like us to contact to inform of upcoming events, please provide name, address, phone, and email below:

Permission of Photos & Permission for Transporting and medical treatment

Your child(ren) may be photographed and/or videotaped during a church sponsored program and placed in church publications, the newspaper or on the Main Street Baptist Church website.

Do you give permission for photographs and video clips of your child to be used for publicity purposes?

YES NO

I _____ being the legal guardian of the above children, give my permission to Main Street Baptist Church in Oneonta NY to transport my children to and from a church sponsored activity. The undersigned, being a parent and/or guardian of the above minor children, do authorize the treatment of the above minor(s) by a qualified medical professional in the event of an emergency which, in the opinion of the attending medical professional, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in a church sponsored event, including transportation to and from the event site. This authority is granted only after a reasonable attempt has been made to contact me.

Signature

Date

Parent/Guardian: _____

Complete PART A for each child/youth and PART B for babies.

PART A

| | |
|---|-------------|
| Name: | Birth date: |
| The age group or grade of your child: | |
| The programs your child participates in <input type="checkbox"/> Cricket School (MOMS) <input type="checkbox"/> Pioneer Girls/Boys Brigade <input type="checkbox"/> Sunday AM class <input type="checkbox"/> Youth Group <input type="checkbox"/> Fun in the Son <input type="checkbox"/> BOB/DLT Group (Teen small group) | |
| Does your child have any food allergies? | |
| Does your child have any medical issues we should be aware of? | |
| Describe any other concerns we should know: | |
| What other persons are authorized to pick up your child? | |
| For grades 1-12 only: Do you authorize us to dismiss your child without you or an authorized party coming to pick him/her up? If your instructions are different for specific programs, please explain: | |

PART B – NURSERY (0-24 months)

| | | |
|-----------------------|--|---|
| Diapers/Toilet | <input type="checkbox"/> Disposable Diapers <input type="checkbox"/> Cloth Diapers | <input type="checkbox"/> Is Potty Trained |
| Beverage | <input type="checkbox"/> Breastfed <input type="checkbox"/> Bottle fed (cold) <input type="checkbox"/> Drinks out of a cup | <input type="checkbox"/> Bottle fed (warm) <input type="checkbox"/> Breastfed & bottle fed |
| Food: | <input type="checkbox"/> Can eat crackers <input type="checkbox"/> Can eat cheerios | <input type="checkbox"/> Cannot eat crackers <input type="checkbox"/> Cannot eat cheerios |