

# Pambula Baptist Children's Ministry 2017

## Registration Form

Childs Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Childs Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Childs Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Childs Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Childs Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Parents or Guardian name/s: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Any Allergies to food, animals or medicines: \_\_\_\_\_

\_\_\_\_\_

Special Needs: \_\_\_\_\_

Do you give permission for your child's photo to be taken? Yes/No

Do you give permission for your child to be hugged, picked up or led by hand if initiated by your child for example if hurt, upset or needing to be kept safe? Yes/No

Is there anything else we need to know about your child?

Please list names and phone numbers of other people you allow to collect your child/children from the program:

Emergency name and phone number of someone other than parents:

Please note that young children need to be toileted or changed by their own parents so you may be called upon during the service. School age children will be allowed to go to the bathroom with a buddy.

Please bring your children to the Rainbow Rooms after our prayer time for the children along with these completed forms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_