

Child Information/Registration Card (please print)

Today's date: _____

CHILD'S INFORMATION

First name	Last Name	Nick name or preferred name
Date of birth mm/dd/yyyy	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
This child is a: Regular attendee <input type="checkbox"/> Visitor <input type="checkbox"/> Attending meeting/event <input type="checkbox"/> Occasional attendee (relative/friend of a member) <input type="checkbox"/>		
What Allergies/Special needs does your child have? (Please be specific)		

PARENT(S)/GUARDIAN NAMES

RELATIONSHIP TO THE CHILD

First name	Surname	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> _____
First name	Surname	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> _____

CHILDREN'S MINISTRY CARE POLICY & PARENTAL AGREEMENT

Bethel Pentecostal Church believes in excellence in our entire Children's Ministry Department. It is always our endeavor to care for your child(ren) to the best of our ability while they are entrusted to us. However, we do assume the responsibility for the care only when complete information regarding allergies and any other special needs is provided. Should situations regarding your child change from week to week, please ensure that this is communicated directly to the Personnel in your child's room, a Children's Ministry Director or the Children's Pastor and make certain that it is written on the attendance sheets for the service which you are attending. At any time we reserve the right to not admit your child into the classroom should there be signs of any communicable disease or sickness i.e. colds etc. The Parent/Child registration cards must be remitted at time of pick-up. Your child(ren) will only be released to the parent/guardian and/or those whom you have authorized above. We reserve the right to remove children who exhibit extreme or rebellious behavior that negatively impacts our ability to care for the class in its entirety. We appreciate you collecting your child immediately after service. I agree with and will abide by this policy. *(Must be signed by parent/guardian)*

Signature

Date

CONTACT INFORMATION

Address		Home Phone
Unit/Apartment #	City	Work phone
Email Address		Cell Phone
Does your spouse attend church with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is Authorized to pick up your child? (must be 16 years or older)	
Can we connect with you on Facebook? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact (please include name, phone number and relation to child):		

Names of other siblings who attend Bethel Pentecostal Church? (additional names may be included on the back)

First name	Last name	Age

PHOTO RELEASE

I give permission for me and my child(ren)'s picture or any photographic/video footage taken of my child(ren) to be used for identification pictures for security or in other Bethel Pentecostal Church promotional materials for any church use. I acknowledge that these photographs will be stored on the Bethel Pentecostal computer for these purposes.

Signature

Date

FOR OFFICE USE ONLY

Date Received:	Received by:	Date Entered:	Entered by:
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