



Sterling NAZ Kids Registration Form

2018-2019

Child's First Name: _____ Last Name: _____

Child's Age: _____ Date of Birth: _____ Grade Level (if applicable): _____

Parent/Guardian Name(s): _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Family Email Address: _____

Emergency Contact: _____ Phone Number: _____

Child's Medical Concerns: _____

Special Needs: _____

Food Allergies: _____

Should we know about any custody situations? Yes No

If yes, please explain: _____

Any additional information we should know? _____

Parents, please list anyone you authorize to pick up your child after children's services, events, or programs. **Please list your name, or the primary adult responsible, on the first line.**

- 1. _____ 2. _____
- 3. _____ 4. _____

I consent for Sterling First Church of the Nazarene to use pictures of my child taken during their time at the church. These would be used in church sponsored materials or secure social media outlets without the child's name. You may change your decision at any time by contacting the Children's Director.

YES NO

PARTICIPATION AGREEMENT:

I understand that Sterling First Church of the Nazarene cares about keeping my child safe. However, I acknowledge that, as with any program, participation in activities involves some risk for injury. I accept this fact, and agree to hold the church and its workers harmless should an injury occur. To help the church keep my child safe, I have provided accurate and complete information on this form, to the best of my knowledge, and agree to notify the church of any significant changes or updates as they occur.

Parent/Guardian Signature: _____ Date: _____