# GSBC Christian Education Children's Registration Form (PreK – Age 14)

**Parent/Legal Guardian Information**

| | | |
|---|---|---|
| Name of Parent/Guardian(s): | Relationship to child/children: | |
| Home Address: | Preferred Email: | |
| City: | State: | Zip: |
| Home Phone: | Mobile Phone: | |
| Are you a member of Good Shepherd? ☐ Yes ☐ No | Do you authorize someone **at least 18 years old** to sign-in, sign-out, and/or pick up your child? ☐ Yes ☐ No Yes ☐ No If Yes, list the name of the other person: | |

**Emergency Contact** (other than parent/guardian)

| | | |
|---|---|---|
| Emergency Contact 1: | Phone: | Relationship to child: |
| Emergency Contact 2: | Phone: | Relationship to child: |

**Child's Information**

Name of Child #1: Gender: ☐ M ☐ F Age: _____ Grade: _____ Birth Date: _____

Any food/drink Allergies? YES ___ NO___ If yes, name all allergies (i.e. allergic to peanuts, chocolate, etc.):
_____

List prescribed Medications and activity restrictions (Please make instructor aware of special instructions): _____

_____

List any medical issues or special needs: _____

_____

Name of Child #2: Gender: ☐ M ☐ F Age: _____ Grade: _____ Birth Date: _____

Any food/drink Allergies? YES ___ NO___ If yes, name all allergies (i.e. allergic to peanuts, chocolate, etc.):
_____

List prescribed Medications and activity restrictions (Please make instructor aware of special instructions): _____

_____

List any medical issues or special needs: _____

_____

Name of Child #3: Gender: ☐ M ☐ F Age: _____ Grade: _____ Birth Date: _____

Any food/drink Allergies? YES ___ NO___ If yes, name all allergies (i.e. allergic to peanuts, chocolate, etc.):
_____

List prescribed Medications and activity restrictions (Please make instructor aware of special instructions): _____

_____

List any medical issues or special needs: _____

_____

**1. Release of Liability**: I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue Good Shepherd Baptist Church, and its officers, director, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, possible causes of action, court cost's, attorneys' fees and other expenses arising from any lawsuit that may otherwise occur from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's attendance at church, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

**2. Photo Release:** I give permission for my child's photo, which may be taken during Youth Ministry activities, or church activities to appear on the church's website: www.goodshepherdauguta.org, or be used for publicity or display purposes: _____ **Yes** _____ **No (Please check one)**

**3. Consent to Medical Treatment:** In the event my child becomes ill or injured, I give permission for a representative of Good Shepherd Baptist Church to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to ensure the health and welfare of my child if taken by ambulance and/or person.

_____ _____ _____

**Printed Name of Parent/Guardian** **Signature of Parent/Guardian** **Date**

MINISTRY CHECKLIST (check all that apply)

| Child 1 | | Child 2 | | Child 3 | |
|---|---|---|---|---|---|
| Church School | ☐ | Church School | ☐ | Church School | ☐ |
| Inspirational Dance | ☐ | Inspirational Dance | ☐ | Inspirational Dance | ☐ |
| Vacation Bible | ☐ | Vacation Bible | ☐ | Vacation Bible | ☐ |
| Youth Ministry | ☐ | Youth Ministry | ☐ | Youth Ministry | ☐ |
| Children's Church | ☐ | Children's Church | ☐ | Children's Church | ☐ |
| Rites of Passage | ☐ | Rites of Passage | ☐ | Rites of Passage | ☐ |
| Children's Choir | ☐ | Children's Choir | ☐ | Children's Choir | ☐ |
| Other | ☐ | Other | ☐ | Other | ☐ |