

# Children's Ministry Registration Form

Today's Date \_\_\_\_\_ Service Time: \_\_\_\_\_

1. **Parent/Guardian Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship to child(ren)** \_\_\_\_\_  
(Head of Household)

Home/Main Phone: \_\_\_\_\_ **Mobile** \_\_\_\_\_ Email (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

2. **Parent/Guardian Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship to child(ren)** \_\_\_\_\_

Mobile \_\_\_\_\_ Email (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Marital Status (circle one): Married Single Divorced

## \*Child(ren) Information

1. **First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **M.I.** \_\_\_\_ **Goes by:** \_\_\_\_\_ **M/F** Age \_\_\_\_ Grade \_\_\_\_ **DOB** \_\_\_\_\_  
(Minor Child)

**Special needs, allergies, developmental delays, or other care details** \_\_\_\_\_  
(Attributes)

2. **First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **M.I.** \_\_\_\_ **Goes by:** \_\_\_\_\_ **M/F** Age \_\_\_\_ Grade \_\_\_\_ **DOB** \_\_\_\_\_

Special needs, allergies, developmental delays, or other care details \_\_\_\_\_

3. **First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **M.I.** \_\_\_\_ **Goes by:** \_\_\_\_\_ **M/F** Age \_\_\_\_ Grade \_\_\_\_ **DOB** \_\_\_\_\_

Special needs, allergies, developmental delays, or other care details \_\_\_\_\_

4. **First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **M.I.** \_\_\_\_ **Goes by:** \_\_\_\_\_ **M/F** Age \_\_\_\_ Grade \_\_\_\_ **DOB** \_\_\_\_\_

Special needs, allergies, developmental delays, or other care details \_\_\_\_\_

**Y N AdventureLand NEWS OPT-IN**—Do you want to know about family events, outreach opportunities, and Sunday programs? Yes, please keep me up-to-date!

**Y N PHOTO RELEASE:** I consent to photos (in a group or close up) taken of my child during ChangePoint Children Ministry activities being used in memory of activities or for promotional purposes. Examples may include recap videos/graphics used during services or on social media or memory posters displayed post-event.

**Y N MEDICAL RELEASE:** I consent to any medical treatment deemed necessary during my child's participation in ChangePoint Children Ministry activities. I assume the risk and financial responsibility for any injury, illness or liability resulting from my child's participation. Consent applies to all dependents, including future dependents until parent expresses wishes to remove consent.

Parent or Guardian Signature \_\_\_\_\_