

FIRST BAPTIST CHURCH OF MATTHEWS
Children's Ministry Registration

I am registering for:

Shepherd Groups (Sunday: Preschool Worship Care 9:00am,
Preschool Shepherd Groups 10:30am, Children Shepherd Group 9:00am)

Awana Sunday, 5:15-7:00, September through April
*(Please Note: Cubbies, 3&4 yr olds, are available for children whose
parents remain on campus for Discipleship Training or are in service
with Awana or Student Ministry. Cubbies must be 3 years old August 31,
2011)*

Preschool Mission Friends and Children's 3D Kids Missions,
Wednesday nights 6:30-7:20, September through May

Parents Name(s) _____

Address _____

City/St/Zip _____

Phone (home) _____ Phone (cell) _____

Parents email _____

Do you have a church home? _____ If so, where? _____

Child #1 _____

Grade (2011 - 2012, if applicable): _____ Age: _____

Birthdate: _____ BOY / GIRL _____

Child #2 _____

Grade (2011 - 2012, if applicable): _____ Age: _____

Birthdate: _____ BOY / GIRL _____

Child #3 _____

Grade (2011 - 2012, if applicable): _____ Age: _____

Birthdate: _____ BOY / GIRL _____

Medical or other information we need to know: (include allergies, medications, special needs, activity restrictions) _____

In the event of an emergency, whom do we call if parent(s) cannot be reached at the phone numbers above?

Name _____ **Phone** _____

Name of physician _____ **Phone** _____

NOTE: All children will need to be picked up at their classroom door by an authorized adult unless special instructions are listed:

Adult(s) authorized to pick up your child: _____ / _____

Special Instructions: _____

Insurance Information: Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? _____ YES _____ NO

If "yes", please list the name of carrier: _____

Policy Number: _____

Address: _____

LIABILITY RELEASE – *FOR ALL Children's Ministry and AWANA Participants*****

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities.

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

They also agree not to hold FBC Matthews or its employees or volunteer assistants or Awana Clubs International liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is both a medical and liability release.

Parent or Guardian's Signature/Date

(You will be required to sign and date an original copy of the information printed above to complete the registration process.)

First Baptist Church of Matthews

Photo and Video Release Form

I do hereby grant to First Baptist Church of Matthews the right to use and /or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of First Baptist Church of Matthews. I also agree to allow my child's work and/or photograph to be published on the First Baptist Church of Matthews website.

Please Print:

Student's Name _____

Student's Name _____

Student's Name _____

____ Permission granted to use child's name in promotional and informational media.

Parent/Guardian _____

Parent/Guardian Signature _____

Date _____