

Berean Children Registration Form

Child Information:

Child's Full Name	Nick Name or preferred name	Age	Gender	Birthday
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Child(ren)'s Address:

Street Address	City, State, Zip Code

Parent/Guardian Information:

Parent/Guardian Full Name	Cell Phone	Email

Preferred method of contact (circle one):

cell phone

email

Parent/Guardian's Address (if different from above):

Street Address	City, State, Zip Code

Medical/Emergency Information

Child's Name	Known Allergies or Medical Conditions

Any other notes regarding care:

Emergency Contact Information:

Name			
Phone Number		Relationship to Child	
Name			
Phone Number		Relationship to Child	

Collection Arrangements:

Who is authorized to collect your child from Berean Baptist events and programs? Your child will only be allowed to leave our care with the people listed here. Picture ID may be requested upon pick up. **Any changes to this information should be made in writing to the Children's Registrar.**

Name		Relationship to Child	
Name		Relationship to Child	
Name		Relationship to Child	

As an extra precaution, you may use a password. Anyone collecting your child should be made aware of this password.

Password	
-----------------	--

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Printed Name: _____

Photo Release Form:

Berean Baptist Church has my permission to use my child(ren)'s photograph or video to promote the church and its ministries. I acknowledge the church's has the right to crop or treat the photograph(s)/video(s) at its discretion. I also acknowledge that the church may choose not to use my child(ren)'s photograph(s)/video(s) at this time, but may do so at its own discretion. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

I agree to indemnify and hold harmless the church, elders, pastor, associate pastors, deacons, its members and designees from any claims arising out of the use of my photograph(s)/video(s).

The church reserves the right to discontinue use of any photograph(s)/video(s) without notice.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

I do not want my child's photograph or video taken and used for any purpose.