



2010-2011 Child Information Form



Child's Name: _____ Grade: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # : _____

Parent/guardian: _____ E-mail: _____

While your child is with us, you will be:

9:15 hour
Worship Service
Adult Bible Class
(Please circle)

11:00 hour
Worship Service
Adult Bible Class
(Please circle)

Others authorized to pick up my child: *Children 2nd grade and younger will be released only to those listed on this form.
Children 3rd grade and up will be dismissed on their own, unless otherwise requested by parents.*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list any allergies, medical information or special concerns we should be aware of:

* Children must be 3 years old and potty trained to attend *Kidz Classes* and *Kidz Worship*.

By signing below, the parent/guardian of the above named minor child acknowledges and accepts the risks of possible physical injury while they are in the care of Bible Fellowship. Further, to the fullest extent permitted by law, I release Bible Fellowship, any and all of its representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Bible Fellowship, any and all of its representatives from any claims arising out of my minor child's participation in the activity. The parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the time the child is in the care of Bible Fellowship. If a dispute over this agreement or any claim for damages arises, the parent/guardian agrees to resolve the matter through a mutually acceptable arbitration process. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As a parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage. I also understand that pictures, video recordings, and audio recordings of my child may be made for use on Bible Fellowship's website or other promotional materials.

Signature: _____ Date: _____
parent/guardian of above named child

OFFICE USE ONLY:

	Date	Initials
ID #		
Reg. Entered		