

BETHEL FAMILY WORSHIP CENTER

**KID'S LIGHT PROGRAM
REGISTRATION FORM**

(Please Print)

Today's date:		PLEASE USE ONE FORM PER CHILD.					
CHILD INFORMATION							
Last name:		First:	Middle:			Nick name:	
Does parent (s)t attend this church? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Home church:		Current grade in school:	Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Email address:		Home phone no.: ()		
City:			State:		ZIP Code:		
Parent:		Relationship:			Cell phone no.: ()		
Parent:		Relationship:			Cell phone no.: ()		
Allergies including foods:		Medical Conditions:			Medication used:		
Special Needs or Accommodations , Please list::							
Other family members/siblings attending:							
Any other permanent information you would like to share:							

PHOTO RELEASE	
I give permission of photo images of my child, captured during the Kid's Light activities through photo images, video or digital to be used for the promotional purposes of the program and/ or the Bethel Family Worship Center.	
Parent signature: _____	

IN CASE OF EMERGENCY			
Another name of guardian/relative in event parents cannot be reached:	Relationship:	Cell phone no.: ()	Home phone no.: ()
I, _____, give permission for my child to participate in the Kid's Light program and activities at Bethel Family Worship Center. In event of a medical emergency, I give the staff permission to seek medical attention for my child.			
_____		_____	
<i>Parent/Guardian signature</i>		<i>Date</i>	