

Please Return to
Office or Board Desk

CENTER FOR SPIRITUAL LIVING, Redding

Children's Church Registration Form

Last Name:	
First Name	Nickname:
Birth Date:	Date:
Names of Siblings & Birthdates:	
PARENTS OR GUARDIANS	
(1)Last Name:	First Name:
Relationship to Child:	
Address:	City:
Email Address:	Zip Code:
Home Phone:	Cell Phone:
Employer:	Work Phone:
(2)Last Name:	First Name:
Relationship to Child:	
Address:	City:
Email Address:	Zip Code:
Home Phone:	Cell Phone:
Employer:	Work Phone:
OTHER EMERGENCY CONTACT	
Name:	Relationship to Child:
Home Phone:	Cell Phone:

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AUTHORIZATION TO BRING AND PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact.) In case of an emergency or an unforeseen circumstance, or if another person is bringing them such as a grandparent/other relatives, please indicate the name, address and phone number of any other person/s who you authorize to bring and/or pick up your child on your behalf.

Name	Address	Phone

MEDICAL INFORMATION

Doctor:	Office Phone:
Address:	City and Zip Code:
Medical Ins. #	Child's Personal ID#:
Allergies:	
Medical Problems:	
Medication:	

Add other children's information below and/or on the back, also indicate for which child.

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EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD(ren)

WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S SUNDAY SCHOOL WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature	Parent/Guardian Signature
Date:	Date: