

LOGO HERE

# STUDENT REGISTRATION FORM

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*(Please Print)*

**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

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**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_

Work Phone \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

**PHOTO RELEASE** I, \_\_\_\_\_, the parent or legal guardian of

\_\_\_\_\_ [Child] grant MY CHURCH JESUS church my permission to use the photographs for

any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*CONTINUED ON BACK\***

**EMERGENCY INFORMATION**

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies or Special Needs**

\_\_\_\_\_

\_\_\_\_\_

**DISMISSAL**

Who may pick up your child OTHER THAN parent or guardian?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_