



FAMILY REGISTRATION FORM

Limited spots are available. Pre-registration and payment in advance required.

\$10/child or \$30/family

Adult Info:

Name: _____ Relationship to child: _____

Email: _____ Phone: _____

Name: _____ Relationship to child: _____

Email: _____ Phone: _____

Child(rens) Info:

Name: _____ Birthday: _____ Age: _____

Name: _____ Birthday: _____ Age: _____

Name: _____ Birthday: _____ Age: _____

Name: _____ Birthday: _____ Age: _____

Name: _____ Birthday: _____ Age: _____

Emergency Information:

If a Caregiver is not available in an emergency, notify the following.

Name: _____ Relationship to child: _____

Email: _____ Phone: _____

Name: _____ Relationship to child: _____

Email: _____ Phone: _____

Health History:

Recent operations/serious injuries (include dates): _____

Food Allergies/Asthma: _____

Chronic or recurring illness/medical condition: _____

Medication: _____

Other: _____

Photo/Video Release

___ I understand that photos/videos may be taken during children’s programming/events and give permission for my child to have his/her picture used for publicity in photo/video representations on the church website, Facebook, and in the building. I understand that the name of my child will not be included.

Medical Care/Safety Release

___ I understand that in the event that my child needs immediate medical attention for injuries received while at the North Church’s Parent’s Night Out, I authorize the childcare staff to give my child First Aid and transport them to a health care facility if needed. I hereby acknowledge that North Church will assume that any caregiver or emergency adult contact listed on this form has permission to pick up the child at any time during PNO.

Caregiver Signature: _____ Date: _____

Office Use Only

Amount Paid: _____ Date: _____ Staff Initials: _____