

# CHILD Registration Form

September 1, 2012 – September 1, 2013

Haysville Christian Church

1306 W. Grand Ave. \* Haysville, KS 67060 \* 316-524-5000

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian's Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade in School: \_\_\_\_\_

Please check all activities your student will be participating in during 2007-2008.

### Sunday Morning

Sunday School     Jr. Worship     Nursery     Children's Church

### Wednesday Night

Adventure Club     Pre-School Adventure Club     Nursery

### Health History

Please list below any allergies or special medical concerns your child may have. (use back of form if needed)

Allergies (i.e. FOOD, Insect stings, etc.) \_\_\_\_\_

Other medical conditions:

Diabetes     Epilepsy     Physical handicap     Chronic asthma     Other \_\_\_\_\_

If you checked any of the above, please give details (i.e. include normal treatment of allergic reaction):

Any activity restriction?     NO     Yes, explain \_\_\_\_\_

Please list below any learning/discipline difficulties

\_\_\_\_\_

### Emergency Contact Information

Where are you while your child is participating in Sunday/Wednesday activities?

Adult class     Children's classroom/nursery     Home     Other \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Siblings

Names/age(s)

\_\_\_\_\_  
\_\_\_\_\_

### Custodial Concerns

People who may pick up your child from activities: \_\_\_\_\_

Person(s) **NOT** allowed to pick up child \_\_\_\_\_

**To whom it may concern:** The undersigned does hereby give permission for our/my child, named above to attend and participate in activities at Haysville Christian Church. We (I) hereby release Haysville Christian Church from any responsibility other than normal supervision and care. In case of an accident, we (I) will not hold Haysville Christian Church, or its staff members, or volunteers liable unless guilty of negligence. We (I) consent to our/my child being photographed by representatives of HCC for use in publicity or educational activities. We (I) hereby waive any claims we (I) may have and release the church and its staff from any liability or claims arising.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_