

## Registration for Children's Programs

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

Today's Date \_\_/\_\_/\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

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

M / F

Date of Birth \_\_/\_\_/\_\_

Age/Grade \_\_\_\_\_

Allergies/Health Concerns/Special Instructions \_\_\_\_\_

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

M / F

Date of Birth \_\_/\_\_/\_\_

Age/Grade \_\_\_\_\_

Allergies/Health Concerns/Special Instructions \_\_\_\_\_

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

M / F

Date of Birth \_\_/\_\_/\_\_

Age/Grade \_\_\_\_\_

Allergies/Health Concerns/Special Instructions \_\_\_\_\_

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

M / F

Date of Birth \_\_/\_\_/\_\_

Age/Grade \_\_\_\_\_

Allergies/Health Concerns/Special Instructions \_\_\_\_\_

Parent/Guardian please check one and sign:

I **consent** to give Willowdale Chapel's Children's Programs permission to use my child's likeness (picture) for church use/publication.

I **do not consent** to give Willowdale Chapel's Children's Programs permission to use my child's likeness (picture) for church use/publication.

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

\_\_\_\_\_  
Date

### For Program Use Only

Children/Family Info into Database

Children Assigned to Groups

Backup Label Printed

Allergy Information Included