



Children's Registration Form Nursery - 5th grade

Parent/Guardian Information

Parent/Guardian #1 - Relationship to Child: Mother | Father | Guardian | Other: _____

First Name

Last Name

Primary Phone Number

Email

Street Address

City, State, Zip

Parent/Guardian #2 - Relationship to Child: Mother | Father | Guardian | Other: _____

First Name

Last Name

Primary Phone Number

Email

Child Information

First Name

Last Name

Birthdate

Age

Grade

Gender

MM/DD/YYYY

Medical Conditions & Allergies

Allergies: Yes | No

Physician-Issued Epi-Pen: Yes | No

If yes, please list any allergies your child has and complete a medical packet.

Special Care (Medical, Social, Behavioral, or Physical): Yes | No

If yes, please inform us of any special care we may need to know of and complete a medical packet.

Child Information

First Name

Last Name

Birthdate

Age

Grade

Gender

MM/DD/YYYY

Medical Conditions & Allergies

Allergies: Yes | No

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Special Care (Medical, Social, Behavioral, or Physical): Yes | No

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Waiver

Please print your name and children's names in the blank spaces below, and sign and date the waiver.

I, _____, the parent or legal guardian of _____, (Hereinafter referred to as "minor(s)") a minor(s), hereby acknowledge that said minor(s) is/are presently under my care and custody. I hereby give said minor(s) permission to go to and participate in any and all KidsZone and Route 54 activities of Christian Fellowship Church in Ashburn, Virginia (hereinafter referred to as "church"). In the event of an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the church, its representatives, or leaders to make decisions to perform such medical treatments and/or surgery upon said minor(s) which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or guardian of said minor(s) do release, acquit, discharge, and covenant to hold harmless the church, its representatives, from any and all actions, damages, and liabilities arising out of any accident or sickness, or treatment thereof, incurred by said minor(s) during church activities.

- By checking this box, I agree to allow Christian Fellowship Church to use any photographic image of my minor(s) taken while participating in the activity. These images may be used in promotions or other related marketing materials. Additionally, Christian Fellowship Church has my permission to store a photo of my minor(s) on the Arena check-in system for identification purposes.

Print Parent/Guardian First & Last Name

Parent/Guardian Signature

Date: MM/DD/YYYY



Child Information

First Name

Last Name

Birthdate

Age

Grade

Gender

MM/DD/YYYY

Medical Conditions & Allergies

Allergies: Yes | No

Doctor-Issued Epi-Pen: Yes | No

If yes, please list any allergies your child has and complete a medical packet.

Special Care (Medical, Social, Behavioral, or Physical): Yes | No

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Child Information

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Last Name

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