



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

Address (primary residence): \_\_\_\_\_

Mobile Phone(s): \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about South Harbor Church? \_\_\_\_\_ Are you willing to volunteer?  yes  no

## Child Information

child 1

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male Female

**Relationship to Child:** Parent Other: \_\_\_\_\_

**Grade** (circle one): Nursery Preschool Age 3 Preschool Age 4 Pre-K Kindergarten 1st 2nd 3rd 4th 5th

**Dismissal** (circle WAIT or GO) Note, parent pick-up is required for birth through Kindergarten:

WAIT for parent to pick-up GO alone when program ends

**Allergies/Special Needs** we should know about: \_\_\_\_\_

child 2

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male Female

**Relationship to Child:** Parent Other: \_\_\_\_\_

**Grade** (circle one): Nursery Preschool Age 3 Preschool Age 4 Pre-K Kindergarten 1st 2nd 3rd 4th 5th

**Dismissal** (circle WAIT or GO) Note, parent pick-up is required for birth through Kindergarten:

WAIT for parent to pick-up GO alone when program ends

**Allergies/Special Needs** we should know about: \_\_\_\_\_

child 3

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male Female

**Relationship to Child:** Parent Other: \_\_\_\_\_

**Grade** (circle one): Nursery Preschool Age 3 Preschool Age 4 Pre-K Kindergarten 1st 2nd 3rd 4th 5th

**Dismissal** (circle WAIT or GO) Note, parent pick-up is required for birth through Kindergarten:

WAIT for parent to pick-up GO alone when program ends

**Allergies/Special Needs** we should know about: \_\_\_\_\_

## Medical and Liability Release

In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child(ren) receive any medical attention or treatment deemed necessary by the staff and/or ministry leadership of Harbor Churches. Therefore, I give permission to any hospital, doctor, and/or health care provider to treat, transport/admit my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. I give permission for pictures and video of my child to be used on the Harbor Churches' websites, social media, and other in-house publicity. **If I am opposed to this, I will request a denial form from a Children's Ministries staff member.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_