

Children's Ministry Registration Community Presbyterian Church

Please complete this form for *each child* participating in children's ministry.

Child's Name: (Last) _____ (First) _____

Birth Date: _____ Male: _____ Female: _____ Grade: _____

Custodial Parent(s) / Guardian(s): _____

Email Address: _____

Home Address: _____

Mailing Address (if different): _____

City/State/Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Emergency Contact: _____

Relationship To Child: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Optional Health Insurance Information (*this is not required, but is helpful in case of emergency*):

Health Plan Carrier: _____

Name Of Insured: _____

Policyholder/Insurance Id: _____

Medical Information

Please complete this form so health providers can be aware of your child's health needs.

Does your child have: (If "yes", explain)

Yes ___ No ___ Allergies? _____

Yes ___ No ___ Heart Condition? _____

Yes ___ No ___ Diabetes? _____

Yes ___ No ___ Other? _____

Is your child subject to: (If "yes", explain)

Yes ___ No ___ Headaches? _____

Yes ___ No ___ Seizures? _____

Yes ___ No ___ Motion Sickness? _____

Yes ___ No ___ Fainting? _____

Yes ___ No ___ Upset Stomach? _____

Yes ___ No ___ Other? _____

Does your child react to: (If "yes", explain)

Yes ___ No ___ Bee Sting? _____

Yes ___ No ___ Penicillin? _____

Yes ___ No ___ Other Drugs? _____

Yes ___ No ___ Poison Ivy, Oak, Sumac? _____

Yes ___ No ___ Peanuts? _____

Yes ___ No ___ Other? _____

(child's name) _____

Does your child have any condition that would prevent him/her from participating in any of the activities of this program?

Yes ___ No ___ Explain _____

Does your child take any prescription meds?

Yes ___ No ___

Does your child have any sight or hearing impairment?

Yes ___ No ___

Does your child wear hearing aids?

Yes ___ No ___

Does your child wear contact lenses?

Yes ___ No ___

Please indicate anything else that caregivers should know about your child:

Authorization

Parent/Guardian

(Signature)

Date: _____

Parent/Guardian

(Signature)

Date: _____