



CHILDREN'S INFORMATION

(list all children in your household) LAST, FIRST	M/F	DOB	AGE	GRADE	SCHOOL	Allergies or Medical Conditions? (Be Specific)

PARENT/GUARDIAN INFORMATION

FATHERS NAME _____ DATE OF BIRTH _____

MOTHERS NAME _____ DATE OF BIRTH _____

Married Separated Divorced Other _____ Child lives with: Both parents Mom Dad Other _____

ADDRESS OF FAMILY: _____

CITY: _____ STATE: _____ ZIPCODE _____

PHONE NUMBERS: Home (_____) _____ EMAIL ADDRESS: _____

Fathers Cell (_____) _____ Provider (for SMS) _____ (i.e. Verizon, AT&T, Sprint)

Mothers Cell (_____) _____ Provider (for SMS) _____ (i.e. Verizon, AT&T, Sprint)

Who is authorized to pick-up your child(ren)? _____

Are there any security concerns that we need to be aware of? No Yes _____

If you are not the child's parent please complete:

Your Name: _____ Relationship: _____

Address: _____ Home or Cell: _____

TERMS AND CONDITIONS

I give permission for my child's photo/video to be used in any of Oakwood Baptist Church's publications (web site, newsletter, bulletin, slideshow, etc.). I understand that only my child's first name could appear on the photo/video. No last names, addresses, or phone numbers will be used. I understand that my child/children may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Oakwood Baptist Church and any persons involved in the children's ministry. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the children's ministry to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child. I have read and agree to the Terms and Conditions stated above.

X _____
Signature of Parent/Guardian

_____ 1st Visit Date

_____ 2nd Visit

_____ 3rd Visit