

- Allergies
- Payment

Christmas Night Out Registration 2011- Return to Village Church Children's Ministry Office

Child Name	Gender	Grade Completed	Date of Birth	
1. _____				
2. _____				
3. _____				
4. _____				

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Father's Name: _____ Home phone: _____ Cell Phone: _____

Mother's Name: _____ Home phone: _____ Cell Phone: _____

Name and Telephone number of person to contact if parents cannot be reached:

Name _____ Telephone _____
 (relationship)

Children are very important to us at Village Church. We want your child to feel love, trust, comfort, and a sense of well being while in our care. Please help us by providing the following information:

Please tell us a little about your child(ren) -- likes, dislikes, etc.

Please check: Village Church member Community member

Name of Physician _____ Telephone _____

Hospital Preference _____

Allergies or special needs _____

(If none, write none.)

Include activities that your child **cannot** participate in _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

To whom it may concern:

- In case of emergency, I understand that every effort will be made to contact me as a parent or guardian.
- In the event that I cannot be reached, I authorize a representative of Village Church to take my child(ren) to the hospital/physician listed above and/or Med-Act for emergency treatment should the need arise while my child(ren) are in the custody of the Village Church.
- I hereby give permission to the church representative to sign and effectuate any release, waiver, or other written agreement by any hospital, physician, or other medical provider in order that my child(ren) may receive such medical attention.
- My child(ren)'s immunizations are up-to-date and can participate in all activities unless otherwise stated above.

Signature of parent/guardian _____ date _____
(Sign in the presence of a notary)

Notary Signature _____

Date _____