

# Children's & Youth Registration Sheet 2022-2023

Today's date: \_\_\_\_\_

## Child 1:

Full Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_

## Child 2:

Full Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_

## Child 3:

Full Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_

## Child 4:

Full Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_

## Parent/Guardian (the person(s) who will be dropping off and picking up):

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

## Contact Information:

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email(s): \_\_\_\_\_

If your child is in 4th grade or older, can they check themselves out of class?  Yes  
 No

Any adult who **does not** have permission to pick up your child(ren):

Name: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_



## 2022-23 Children & Youth Midweek and Event Registration

This form covers midweek classes and other church activities such as movie nights, summer events, and gatherings throughout the year. **4-years-old (potty-trained) to 12th grade**

### Parent/Guardian(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Child(ren):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

(if you have more children to list, please add them on the back of the form)

### Emergency contact (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any custody issues we need to be aware of, or if there is anyone who **does not** have permission to pick up your child:

I, the undersigned, release Plainview Church of Christ, the midweek leaders, teachers, and/or their assistants from all liability for any injuries or losses incurred while taking part in church events. In the event of a medical emergency, I authorize the leaders or staff to act for me according to their best judgment. I also grant permission for my child to be given treatment at a local hospital if it is deemed necessary. There are no limits to my child's participation except as stated in writing & included with this registration form.

Your child may have pictures and/or videos taken of them while participating in Children's or Youth programs. These pictures and videos may appear in our worship service, on display, on our website or in Plainview Church of Christ publications. Initial here if you **DO NOT** want your child's picture to be used. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_