



CHILD REGISTRATION FORM

Next Generation Ministries

We want your child to enjoy their time with us and we want you to have piece of mind leaving them in our care! In order for that to happen, we need some basic information on file so we know how to get in contact with you if anything were to happen, if your child has any allergies we need to be aware of, when to celebrate their birthday, etc. This form is to be filled out by a parent/guardian on behalf of the minor. The questions with an asterix* are required.

Please note: One form required per child.

CHILD INFORMATION

*First & Last Name: _____

*Birthday (MM/DD/YY): _____

*Grade: _____

Gender: _____

Medical Information (allergies, medical conditions we should be aware of, etc.):

Is there anything else you feel we should be aware of to ensure your child has a positive experience?

PARENT INFORMATION

*Parent/Guardian (1) First & Last Name:

*Parent/Guardian (1) Email:

*Parent/Guardian (1) Phone Number(s):

Parent/Guardian (2) First & Last Name:

Parent/Guardian (2) Email:

Parent/Guardian (2) Phone Number(s):

Address:

*Emergency Contact (1): *If different than parent info, please include contact.*

Emergency Contact (2):

