

# Laurelwood Baptist Church Children's Ministry

## Permanent Number Registration

Today's Date \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Permanent Number: \_\_\_\_\_

Please list all children in your family from oldest to youngest:

Name	Age	Date of Birth	Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*If your child(ren) has any significant allergies, please list the symptoms and any necessary instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Group / Policy Number \_\_\_\_\_

I grant permission for the child(ren) listed above to participate in Laurelwood Baptist Church's Children's Ministry Program. Participation involves the use of indoor and outdoor play equipment and occasional walks to the adjacent park to use their play equipment and trails (upon completion of the park). I acknowledge and agree that such participation subjects the child(ren) listed above to the possibility of physical injury. In the event of such injury, I give permission for the Children's Ministry volunteers to obtain necessary medical treatment for the child(ren) as deemed by a qualified medical professional. In my own behalf, and on behalf of the child(ren) listed above, I hold harmless Laurelwood Baptist Church of whose premises most events will occur.

I represent that any medication to which the child(ren) listed above is allergic or is currently taking are listed above, and I give permission for the Children's Ministry volunteers to administer the medication as instructed and prescribed.

Parent's Signature \_\_\_\_\_

Would you be willing to be a substitute helper/teacher for a class? YES/NO