

Child Information Form

2019 – 2020 Program Year

ANNUAL PERMISSION AND RELEASE FORM
FIRST BAPTIST CHURCH NEWTON CENTRE

(confidential)

Child's Information:

Last Name: _____

First Name: _____ Goes By Name? _____

Date of Birth: (mm/dd/yyyy) _____

Kindergarten level/Grade if in School: _____

School Name: _____ Town: _____

Allergies and/or Needs: _____

Child's Primary Care Physician _____ Phone: _____

Photo Release: May photographs in which your child is pictured be published in church media?
We do not include identifying information like name or age.

Yes, you may use my child's photo.

No, my child's photo may not be used.

Parent/Guardian Information:

Full Name(s): _____

E-mail(s): _____

Address: _____

Cell Phone (1): _____ Cell Phone (2): _____

Emergency Contact: _____ Phone: _____

In the event that we are unable to reach parents in case of emergency, I give my permission for First Baptist Church Newton Centre to seek medical care for my children with the understanding that they will continue attempts to reach parents and emergency contacts.

(signed by both parents/guardians, if applicable)

(Date)