



700 Hugh Allan Drive, Kamloops, BC, V1S 1N3
 Tel: 250 828 1114 Fax: 250 828 1309
 E-mail: administrator@swcc.ca

Regularly Attending:	Sunday School
Nursery	_____
Pre-Sch/Kindergarten	_____
Gr. 1-3	_____
Gr. 4-5	_____
Gr. 6-8	_____
RETURN THIS FORM TO THE ADDRESS AS SHOWN	

Children's Ministries Registration Form

Child's Name: _____

Birth Date: (m) _____ (d) _____ (y) _____

Age: _____ Gr. as of Sept, 20____: _____ School: _____

Care Card Number: _____

Physician's Name: _____ Physician's Ph.: _____

Medications/or any Medical Concerns:

Other Relevant Information we need to know:

Mother's Name: _____

Mailing Address: _____

Home Phone: _____ Cell/Work Phone: _____

Father's Name: _____

Mailing Address (if different from Mother's): _____

Home Phone: _____ Cell/Work Phone: _____

E-mail address: _____

Please list anyone other than parents/guardians who will be authorized to pick up the child.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Waiver:

I (we) give permission for the above named child to participate in any activities relevant to the Children's Ministry Programs both on and off the church property unless other specific direction is given in writing.

I (we) also grant authority and consent to Southwest Community Church to use the image and representation of the undersigned (including, but not limited to, photographs, still or motion pictures, websites and audio recordings) in all media regions, in perpetuity. The permission and consent shall continue until revoked by the undersigned in writing.

Mother's Signature: _____ Name (Print): _____

Father's Signature: _____ Name (Print): _____

Date Signed: _____