



Registration Form 2011-2012



Please use the form below to register children for Vacation Bible School and/or all other ministries and events at Maranatha Church for the 2011-2012 year. On page 2 of the form, please check all ministries that apply.

Child's Name	Date of Birth	Grade (for current year)	Boy or Girl?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Additional Information: Does your child have any conditions that we should be aware of (such as **allergies**, speech/sight/hearing/physical/psychological limitations or disorders)?

Child 1: _____ Details: _____

Child 2: _____ Details: _____

Child 3: _____ Details: _____

Child 4: _____ Details: _____

Parent(s) or Guardian(s) Names: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Who may pick up your child or children at the end of church or Sunday school?

Has your child been baptized? _____ If so, when? _____
Child is a guest of (is appropriate) _____

EMERGENCY INFORMATION

Name _____ Relationship to child _____

Home Phone: _____ Cell Phone: _____



Which spiritual growth programs are your children attending?

*Due to occasional off-site activities, the programs with an asterisk beside them require an **Emergency Medical Release** form (*attached below*).

- Child 1: _____
- Sunday Morning Bible Study
 - Children's Church
 - * Miracle Children's Choir
 - * Rejoice Always Children's Praise Dance Team
 - * [Vacation Bible School](#)

- Child 2: _____
- Sunday Morning Bible Study
 - Children's Church
 - * Miracle Children's Choir
 - * Rejoice Always Children's Praise Dance Team
 - * [Vacation Bible School](#)

- Child 3: _____
- Sunday Morning Bible Study
 - Children's Church
 - * Miracle Children's Choir
 - * Rejoice Always Children's Praise Dance Team
 - * [Vacation Bible School](#)

- Child 4: _____
- Sunday Morning Bible Study
 - Children's Church
 - * Miracle Children's Choir
 - * Rejoice Always Children's Praise Dance Team
 - * [Vacation Bible School](#)

Please return the registration form and signed medical release form to Maranatha Church. *Thanks!*

MARANATHA CHURCH MEDICAL RELEASE FORM

In case of emergency, please accept this letter as authority to treat my child whose name(s) is (are) listed below.

Child's Name	Birth date	Age	Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician _____ Phone _____

Address _____

Name of Insurance _____ Group # _____

Mother or Guardian's Name _____ Cell Phone # _____

Father or Guardian's Name _____ Cell Phone # _____

Home Address _____ Home Phone # _____

Emergency Contact/Relationship _____ Phone # _____

If you are unable to contact our physician, please accept this letter as your authority to use the doctor on call in the emergency room for any emergency medical treatment.

Parent or Guardian Signature _____ Date _____

PHOTO RELEASE FORM

All photographers taking photographs intended for use in any Maranatha Church publication must obtain a signed release from any person who is visibly recognizable in the photograph or video. Releases must also be obtained for photographs and video used on the Web.

Photo Release

Date

I hereby grant Maranatha Church permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Maranatha Church, in perpetuity, and for other use by the Church. I will make no monetary or other claim against Maranatha Church for the use of the photograph(s)/video.

Names (print full names)

Signature

Relation to subject (if subject is under 18 years of age)

Address

City, State, Zip code

Telephone

Requested by
