



Registration

Child's name: _____

Parent's name: _____

Phone Number: _____ Work Phone: _____

Cell Number: _____ Email: _____

Child's Age: _____ Birth Date: _____ Last School Grade completed: _____

Address: _____ City, St, Zip: _____

Name of Home Church, if any: _____

Would you like to know more about Ashland Church? _____

May we post pictures, that your child is in, on our church website with no name attached on (www.AshlandChurch.org)?

Circle one : yes no

Emergency Contact: _____

Doctor's name & number: _____

Any known allergies or other medical concerns? _____

Any special needs the leaders should be aware of? _____

I give permission for _____ to attend programs at Ashland Church and I hereby authorize the staff to obtain or provide medical treatment (bandaids, bandages etc.) and or refer my child to a medical treatment center (hospital, etc.) if needed. I further release Ashland Evangelical Presbyterian Church from any claims for personal injury or illness sustained during activities at Ashland Church.

Date

Signature of Parent or Guardian