



Bethel Children's Ministries Registration

Child's Name _____
Last First Middle

Age _____ Grade _____ Date of Birth _____
Allergy/Health Condition _____

Child's Name _____
Last First Middle

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Parent Contact Information

Parent/Guardian Name _____

Phone _____ Cell Phone _____ Email _____

Emergency Contact _____
Name Phone

Address _____ City _____ State _____ Zip _____

Persons other than Parent/Guardian authorized to pick up child(ren) (must be 6th grade or older):

Name Relationship Name Relationship

By signing below, you are giving your permission for your child to participate in the Children's Ministries of Bethel Baptist Church. You agree to release Bethel Baptist Church, its staff, leaders, and volunteers from all liability while your child participates in the Children's Ministries programs. Additionally, there may be events where pictures are taken and these photos posted on the Bethel Baptist Church website only. Your signature indicates permission to use your child's picture on the website. If you do not wish to allow your child's pictures on the website, please check the box below the signature line.

Parent/Guardian Signature _____ Date _____

If this box is checked, your child's pictures will NOT be used on the Bethel Baptist Church website.

Child #1
____ Sunday School
____ Nursery
____ Children's Church
____ AWANA
Child #2
____ Sunday School
____ Nursery
____ Children's Church
____ AWANA
Child #3
____ Sunday School
____ Nursery
____ Children's Church
____ AWANA
Child #4
____ Sunday School
____ Nursery
____ Children's Church
____ AWANA