

CHILDCARE REGISTRATION
Growing Together Bible Study
2010-2011

Name _____

Street Address _____ City _____ Zip _____

Mailing address *if different* _____ Email address _____

Home phone number _____ Cell phone _____
(Only to be used by leadership if necessary)

I will need child-care this year for:

NAME _____ AGE _____ BIRTHDATE month _____ day _____ year _____

NAME _____ AGE _____ BIRTHDATE month _____ day _____ year _____

NAME _____ AGE _____ BIRTHDATE month _____ day _____ year _____

If photographed, I give permission for my child/children's photo to be placed unidentified on our GTBS web site ____
Note: *No* child will be identified. These are generally group photos.

If photographed, I do NOT give permission for my child/children's photo to be placed on our GTBS web site _____

Name of physician _____ Phone number _____

Does the child or children have any allergies? Yes _____ No _____

If yes, please list _____

Are there any medical, physical or social circumstances we should be aware of? Yes _____ No _____

If yes, please list _____

Please list any persons besides yourself whom your child may be released to:

