

CHILD CARE REGISTRATION

Growing Together Bible Study

2011-2012

Name _____

Street address _____ City _____ Zip _____

Mailing address *if different* _____ E-mail address _____

Home phone (____) _____ 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 website ____
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 website ____

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:

