

# McBIC's Children's Ministries Registration Form

Mechanicsburg Brethren in Christ Church requires an updated registration form to be completed each year for children participating in one or more of the recurring children's ministries offered. This information is gathered to ensure the safety of each child in our care. This form can be used to register your child for both Sunday morning and midweek programs. Please complete the following form in its entirety and return to the registration table or church office by August 22, 2004.

**Programs for which this registration form applies: (Check all that apply)**

- Sunday Mornings (Sunday School, Nursery, Preschool and/or Children's Church as appropriate).  Wednesday Night Clubs (all ages up to 6th grade)
- Breakout Ministry (3rd and 4th Grade)  Confident Kids

## GENERAL INFORMATION

Child's Name  Birthday  Sex

Address  E-mail Address

City  State  Zip Code  Age as of September 1, 2004

Church Home  Grade (P=Preschool/N=Nursery)

Parent(s)/Guardian(s) Name(s)  Parent Phone

Cell Phone or Other Emergency Numbers for Parent(s)/Guardian(s)

Emergency Contact - Please list someone besides the parent(s) listed above  Emergency Contact Number

Allowed to be Brought/Picked Up By (Only people listed will be allowed to sign child in and out - must be at least 12)

## PARENTAL AUTHORIZATION

I give permission for my child to participate in the Children's Ministry programs held at Mechanicsburg Brethren in Christ Church from September 1, 2004 through August 31, 2005 and to participate in all activities with the exception of limitation noted below.

Please note any activities in which your child is not permitted to participate or note special limitations or instructions.

Please list any allergies, medications or special instructions regarding your child's health.

Child's Physician  Physician Phone #

Insurance Carrier  Contract ID/Number (not preprinted for privacy purposes)

I also authorize ministry staff or designated medical professionals to administer emergency medical assistance should it become necessary understanding that I will be contacted immediately in such an event. In the event that someone cannot be reached in an emergency, I hereby authorize the physician selected by the church to secure proper treatment necessary for my child named above. I accept responsibility for payment of expenses incurred as the result of medical treatment.

**Signature of Parent or Guardian**  
(This must be signed in order for your child to participate in the Children's Ministries programs at Mechanicsburg Brethren in Christ Church)

**FOR OFFICE USE ONLY** ID  Payment Info  Cash  Check (indicate #)   Check if part of multiple child payment