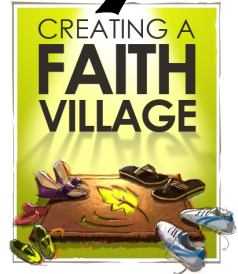


Children's Ministry



Registration

2009-2010



There Must Be a Place

PLEASE PRINT CLEARLY - ONE FORM PER FAMILY

Child Information: infant to 6th grade only

Child's Last Name	Child's First Name	Sex	DOB m/d/y	Age	Grade in Fall 2009	Allergies/ Special Needs?

Parent/Guardian Information:

Name of Father: First _____ Last _____ Email _____

Name of Mother: First _____ Last _____ Email _____

Address _____ City _____ Zip _____

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Medical Release:

I hereby give my permission for medical attention to be given or obtained for my child(ren) in case of injury, illness or accident (I realize I will be contacted as soon as possible in case of such incident).

Parent/Guardian Signature: _____ Date: _____

Photo Release: (no names will be used)

I give permission for photos of my child(ren) to be used in EBCLA brochures, newsletters, posters, videos, church web site, and other promotional materials.

PLEASE CHECK: YES NO

PLEASE RETURN COMPLETED FORM TO:

Evergreen Baptist Church of Los Angeles 1255 San Gabriel Blvd. Rosemead, CA 91770