

Gems 2008-2009 Registration Form

Child's Name _____

Birthday _____ Age: _____ Grade: _____

Parent(s)/Legal Guardian _____

Name of any siblings/ages _____

Mailing Address:

Home Phone Number _____

Emergency Alternate Number _____

Email Address: _____

*Email addresses will be used strictly to send reminders and notifications about our children's programs.

Vote on your choice of t-shirts (circle size)

CHILD: S M L ADULT: S M L XL XXL XXXL

VOTE! (Check one)	
God's Green Team Shirt	<input type="checkbox"/>
Brown Micah 6:8	<input type="checkbox"/>

Please return forms and dues to our registration table in the lobby if there is an attendant or or Suzanne Brummel. Please read the newsletter for information

Children's Registration Form

Personal Data

Child's Name _____

Birth Date _____ Grade in School _____

Names and Ages of Siblings _____

Family Information

Parent(s)/Legal Guardian(s) _____

Address _____

Home Phone _____

Other Phone Numbers in Case of Emergency _____

Alternative Contact Person _____

Phone Number for Alternative Contact Person _____

Insurance Information

Medical insurance coverage for child?

Yes No

Insurance Company _____

Policy Number _____

Family Physician _____

Physician's Phone Number _____

Allergies or Physical Limitations _____

Special Instructions for Handling Allergies
or Physical Limitations _____

Security Measures *

Names of persons who may pick up this
child _____

Names of persons who may not have
access to this child _____

*Parent(s)/legal guardian(s) will notify the church or Sunday
school program leader, preferably in writing, if and when these
security measures change.

