



COMMUNITY OF FAITH
Brethren in Christ Church
5343 Fallowater Lane, Roanoke

2022-2023 CHILDREN'S MINISTRIES REGISTRATION FORM

Family's Last Name _____

Mother's Name (or primary guardian) _____

Home Address _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Father's Name _____

Home Address _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Please mark all that apply:

_____ Regularly attend COF Church _____ Regularly attend _____

_____ Starting to attend COF Church _____ Starting to attend _____

_____ Sometimes attend COF Church _____ Regularly attend _____

Notes: *(Please include any additional information you feel we should know.)*

EMERGENCY INFORMATION

I give permission for my child(ren)/teen(s) to participate in activities at COF Church. In the event that I cannot be reached in an emergency, please seek medical assistance for my child and contact:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Hospital Preference _____

Medical Insurance Company _____ Policy No. _____

Parent's Signature _____

Photo Permission: From time-to-time photos of participants are taken at church events for use in our newsletters, on our website, and in other publicity. Please indicate below whether you grant permission for the taking and use of photographs.

I do ___ I do not ___ grant permission for my child(ren)/teen(s) to be photographed during church activities.

PLEASE BE SURE TO COMPLETE THE BACK OF THIS FORM. *Thank you!*

Child 1 Name _____ [] M [] F

Date of Birth _____ School currently attending _____ Grade _____

Food allergies or other pertinent medical/emotional conditions and instructions:

Interests/sports _____

Child 2 Name _____ [] M [] F

Date of Birth _____ School currently attending _____ Grade _____

Food allergies or other pertinent medical/emotional conditions and instructions:

Interests/sports _____

Child 3 Name _____ [] M [] F

Date of Birth _____ School currently attending _____ Grade _____

Food allergies or other pertinent medical/emotional conditions and instructions:

Interests/sports _____

Child 4 Name _____ [] M [] F

Date of Birth _____ School currently attending _____ Grade _____

Food allergies or other pertinent medical/emotional conditions and instructions:

Interests/sports _____

Child 5 Name _____ [] M [] F

Date of Birth _____ School currently attending _____ Grade _____

Food allergies or other pertinent medical/emotional conditions and instructions:

Interests/sports _____