

Family Ministry Registration Form

for Children's & Youth Ministries (kids ages 6 weeks – high school)



Date: _____

Student Information	Child's Name: _____
	Birthdate: _____ Age: _____ Grade: _____ M F
	Allergies/Dietary Restrictions: _____
Parent/Guardian Information	Name: _____ Phone: _____ Email: _____
	Name: _____ Phone: _____ Email: _____
	Address: _____

ADDITIONAL CHILDREN:

Student Information	Child's Name: _____
	Birthdate: _____ Age: _____ Grade: _____ M F
	Allergies/Dietary Restrictions: _____
Student Information	Child's Name: _____
	Birthdate: _____ Age: _____ Grade: _____ M F
	Allergies/Dietary Restrictions: _____
Student Information	Child's Name: _____
	Birthdate: _____ Age: _____ Grade: _____ M F
	Allergies/Dietary Restrictions: _____
Special Instructions	Special Instructions/Notes: _____

Media Release: I understand that, while participating in family ministry events hosted by Bethany Baptist Church, my child(ren) may be photographed. I agree to allow my child(ren)'s photo, video or film likeness to be used for any legitimate purpose by Bethany Baptist Church. Identification of children will not be made.

Parent/Guardian Signature: _____