CHILDREN'S MINISTRY

Child & Family Registration Form

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1: _____

Email: _____ Primary Phone: _____

Parent/Guardian 2: _____

Email: _____ Phone: _____

Home Address: _____

EMERGENCY CONTACT & AUTHORIZED PICKUP

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Other adults authorized to pick up child(ren): _____

CHILD INFORMATION

CHILD'S FULL NAME	AGE	GRADE	DATE OF BIRTH

CHURCH & PROGRAM INFORMATION

Home church (if any): _____

Programs your child(ren) may attend: ☐ Sunday School ☐ Kids Club ☐ Upward ☐ Other

CHILDREN'S MINISTRY

Health, Support & Permissions

HEALTH, MEDICAL & SUPPORT INFORMATION

Please share anything that will help us care for your child safely and help them feel welcomed, included, and successful. Information will be shared only with leaders who need it to provide appropriate care and support.

Child's name(s): _____

☐ No known allergies, medical conditions, or additional support needs

Allergies (food, medication, environmental, or other) and the child's typical reaction:

_____

_____

Medical conditions, medications, mobility needs, or emergency instructions we should know:

_____

_____

Does your child have any sensory, communication, developmental, learning, behavioral, emotional, or other support needs? What helps your child feel comfortable, participate, and thrive?

_____

_____

Preferred way to follow up with you: _____ ☐ Phone ☐ Email ☐ In person

PHOTO & VIDEO CONSENT

Please select one option. Names will not be published with images without separate permission.

☐ YES - Church print, website, social media, livestream, and promotional use.

☐ LIMITED - Private/internal church use only; no public website or social media.

☐ NO - Please do not photograph or record my child(ren) for publication.

EMERGENCY CARE AUTHORIZATION

If I cannot be reached in an emergency, I authorize Shiloh Children's Ministry leaders to obtain appropriate emergency medical care for my child. I understand that reasonable efforts will be made to contact me or the emergency contact listed on this form.

Preferred hospital/medical provider (optional): _____

PARENT / GUARDIAN ACKNOWLEDGMENT

I confirm that the information on this form is accurate and will notify Shiloh Children's Ministry of important changes. My signature confirms the permissions I selected above.

Printed Name: _____ Date: _____

Signature: _____

Thank you for helping us provide a safe, welcoming place for every child.