

# Registration Form



**Please fill for each child 6th grade and under**

First Name	Last Name	Age	Grade	Birthdate

**Please fill out the following information if you are new or if you need to update any information**

## Parent and Contact information

Father's Name ( First & Last) \_\_\_\_\_

Mother's Name (First & Last) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

I \_\_\_\_\_ ( Parent or guardians Name), hereby give my permission to the physician or dentist selected by the church leadership to hospitalize or secure medical treatment for my child as deemed necessary, at no expense to the church, in the event that I cannot be reached in an emergency during an Abundant Life Church Service or activity.

\_\_\_\_\_  
Parent's or Guardian's signature

\_\_\_\_\_  
Date