



## Children's Ministry Parental Registration/Consent Form

Here at Calvary Chapel Oxnard we use Check Ins to provide you & your family with a safe & secure check-in & checkout process. The information collected will be added to our main church database. This is only available to Church staff and ministry leaders. Thank you & God bless ☺

**Please print clearly.**

### HOUSEHOLD INFORMATION

#### FATHER

Last: \_\_\_\_\_ First: \_\_\_\_\_

#### MOTHER

Last: \_\_\_\_\_ First: \_\_\_\_\_

**GUARDIAN**    **Grandparent**    **Aunt/Uncle**    **Friend**    **Other**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

Phone Carrier (AT&T, Verizon, Sprint, etc.): \_\_\_\_\_

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#### CHILD'S

**Female**    **Male**

Child's Last: \_\_\_\_\_ Child's First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

#### MEDICAL ISSUES

Type: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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#### CHILD'S

**Female**    **Male**

Child's Last: \_\_\_\_\_ Child's First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

#### MEDICAL ISSUES

Type: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**CHILD'S** Female  Male

Child's Last: \_\_\_\_\_ Child's First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

**MEDICAL ISSUES**

Type: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**CHILD'S** Female  Male

Child's Last: \_\_\_\_\_ Child's First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

**MEDICAL ISSUES**

Type: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**CHILD'S** Female  Male

Child's Last: \_\_\_\_\_ Child's First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

**MEDICAL ISSUES**

Type: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Parent Permission for Use of Images NOTE:**

I hereby authorize Calvary Chapel Oxnard Children's Ministry to publish or use any photographs taken of myself and/or children listed above for use in online, video-based announcements for Calvary Chapel Oxnard and/or our Children's Ministry Facebook Page.

Any changes to the permission granted on this form must be received in writing (new form or email to Sharon Johnson: Sharon@calvaryoxnard.org).

**Check One:**

\_\_\_\_\_ YES, Calvary Chapel Oxnard does have permission to use images of my child in online, video-based and/or our Children's Ministry Facebook Page.

\_\_\_\_\_ NO, Calvary Chapel Oxnard does NOT have permission to use images of my child in online, video-based and/or our Children's Ministry Facebook Page.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_