



## Seeds of Life Children's Ministry 2021-2022 Child Registration Form

**For office use only.**

Today's Date: \_\_\_\_\_

Entered by: \_\_\_\_\_

Copy to Lead Teacher by: \_\_\_\_\_

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

☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Medical/Health Information

Any allergies or health conditions? (please list): \_\_\_\_\_  
\_\_\_\_\_

Any medication brought? (please list): \_\_\_\_\_  
\_\_\_\_\_

Special medical instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Doctor's address: \_\_\_\_\_  
\_\_\_\_\_

## Alternate Emergency Contact Information

Name (other than parent): \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**The following individual(s) is/are authorized to pick-up my child:** (Identification may be required to properly identify individual.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Consent to Emergency Treatment

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Seeds of Life Church Authorization and Consent to Minor Form Pursuant to California Civil Code Section 25.8 and California Penal Code Section 12552

The undersigned do hereby authorize Seeds of Life Church or such substitute as he/she may designate as agent for the undersigned to consent to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above mentioned minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the Provision of Medicine Practice Act, or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere.

Further, we give permission for the above minor(s) to participate in all regular activities of Seeds of Life Church.

The authorization will remain effective while the above minor is participating in all Sunday morning activities unless revoked in writing by the undersigned and delivered to the aforesaid.

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Signature of Father/Guardian

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Date

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Signature of Mother/Guardian

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Date

## Photographic Release Form

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The parent hereby authorizes Seeds of Life Church to use photos of minor(s) on forms, brochures, newsletters, videos, church website and other promotional materials. No signatures would be understood as not giving permission.

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Signature of Father/Guardian

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Date

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Signature of Mother/Guardian

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Date