



CHILDREN'S REGISTRATION

Please **PRINT** and complete this card in its entirety



CHILD'S NAME (NICKNAME)

(please give last name if different than below)

DOB

(MM/DD/YY)

AGE

GRADE

ALLERGIES/SPECIAL NEEDS

| | | | | | |
|----|-------|----------|------|------|-------|
| 1. | _____ | __/__/__ | ____ | ____ | _____ |
| 2. | _____ | __/__/__ | ____ | ____ | _____ |
| 3. | _____ | __/__/__ | ____ | ____ | _____ |

Parents (Dad) _____ (Mom) _____

Home Phone # _____ Cell # _____ Email _____

Address _____

At Covenant Life Church, we customarily take photos of the various events and ongoing meetings, classes, small groups, weekly gatherings, etc. that are part of the life of our church. Photos are used on our website and/or in our print materials to promote and celebrate all that is happening at Covenant Life. If you do NOT wish to have your photo published, please provide a written notice to the church office with the following statement: I do not wish for my photo and/or the photo of my minor child to be published in any Covenant Life Church media venue, including website and/or print publications. Please include your full name and/or that of your minor child, and mail or bring your statement to our church office. We will ensure that your wishes are honored.