

REGISTRATION 2010-2011

Church of the Holy Nativity

PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD.

Please check the appropriate level:

Nursery _____

Senior High (9th-12th) _____

Godly Play (3 yrs. – kindergarten)

Junior High Sunday Night Youth

Workshop Rotation (1st grade – 5th grade) _____

Senior High Sunday Night Youth

Junior High (6th grade – 8th grade)

Not Sure _____

Child's Name: _____

Birth date: ___/___/___ (MM/DD/YY)

Baptismal date: ___/___/___ (MM/DD/YY)

Grade in school in 2010-11: _____

Guardians: _____

Email: _____

Address(es): _____

City, State ZIP _____

Phone: H: _____ C: _____ Best times to call:

Guardian's signature: _____

Please list any dates that you know in advance your child (ren) won't be attending Christian Education programs: _____

Updates (*for use by Teachers*):

MEDICAL AND EMERGENCY IN CHRISTIAN EDUCATION

Child's Name: _____

Where will you be while your child is in CHN's Christian Education programs? (e.g. adult Christian Education class...)

Does your child have any medical condition we should be aware of? (e.g. learning disability, ADD, asthma, epilepsy....)

Is there anything that you would like us to know about your child?

In case of emergency, contact: _____

Guardian's signature: _____

PERMISSION

Church of the Holy Nativity
275 S. Richmond Ave.
Clarendon Hills, IL 60514
630.323.6820

RELEASE

The undersigned parent or legal guardian of _____, a minor child, does hereby grant permission for the said child to engage in the various activities sponsored by Church of the Holy Nativity for its Christian Education programs, including, but not limited to, travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with CHN's Youth.

I understand that my child may be photographed or videotaped from time to time in relation to these activities, and I hereby grant my permission to allow my child to be videotaped and/or photographed in this manner, and grant to Church of the Holy Nativity the right to publish, copyright or use these images as it sees fit.

This consent also includes specific permission hereby granted to the adult supervisors and leaders of CHN's Youth/Children to make medical decisions with respect to the said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

Dated this _____ day of _____, 200__

Parent or legal guardian

Medical insurance in Christian Education:

Company _____ Policy Number _____

Medical Concerns/Restrictions:

(i.e., asthma, allergies, food allergies, medications, disabilities, etc.)

