

NURSERY and PRESCHOOL MINISTRIES REGISTRATION

- It's my first time
 I am just visiting

Today's Date: ___/___/___

Children's Information:

1. Full Name _____
 Male Female Birthdate: ___/___/___
Allergies/Medical Info: _____
2. Full Name _____
 Male Female Birthdate: ___/___/___
Allergies/Medical Info: _____
3. Full Name _____
 Male Female Birthdate: ___/___/___
Allergies/Medical Info: _____

Parent/Guardian Information:

Full Name: _____
Street Address: _____
City: _____ ST: _____ Zip: _____
Home/Cell Phone: _____
Email: _____

Media Release:

I grant to the Peerless Road Church, its representatives, and its employees the right to take photographs, videos, and/or electronic images of any member of my family in Children's Ministry environments. I authorize the Peerless Road Church to use and publish the photographs, videos, and/or electronic images in print and/or electronically—with or without names—for any lawful purpose to highlight and promote Children's Ministry environments. My signature below indicated that I have read and understand the above statement of release.

Parent/Guardian Signature for Media Release:

X _____

Preschool Team Use: (We'll take it from here)

Group assignment: _____ Entered into system: _____

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