

Preschool & Children Registration/Permission Form 2012-13

Child Info	Name: Last _____ First: _____	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Middle _____ Preferred Name _____	Grade: (if K thru 6th) _____	
	Address: _____ <i>Street</i> <i>City</i> <i>Zip</i>	Date of Birth: _____	

Parent Info	Name of Parent(s)/Guardians(s) with whom your child lives: _____	
	Mom:	Dad:
	Name: _____	_____
	Home Phone: _____	_____
	Cell Phone: _____	_____
Email Address: _____	_____	
Does your child attend church with you? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no , with whom does he/she attend? _____		

Sunday Registration	<input type="checkbox"/> Sunday School Sundays, 9:45-10:45AM Birth thru 6th Grade	6:00 - 6:45 PM	
		<input type="checkbox"/> Child Care Wednesdays, 6-6:45 PM Birth thru 2 Years	<input type="checkbox"/> Children's Choir Wednesdays, 6-6:45 PM 3 Years thru 6th Grade
Wednesday Registration		6:45 - 7:15 PM	
		<input type="checkbox"/> Child Care Wednesdays, 6:45-7:15 PM Birth thru 2 Years	<input type="checkbox"/> Mission Friends Wednesdays, 6:45-7:15 PM 3 Years thru Kindergarten

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I hereby consent to _____

(*Child's Full Name*)

participating in children's activities at Snyder Memorial Baptist Church for the period of August 2012– August 2013.

- I understand the nature and risk level of activity in which this child will be a participant.
- I understand that the activities may include overnights and events that take place away from the church.
- I understand that transportation will be by church bus, van, charter bus or the car of adult supervisory personnel.
- I authorize any staff member or chaperone of SMBC to administer necessary first aid and/or procure necessary medical aid at or from any licensed medical facility or physician's office.
- I also authorize the selected physician(s) and/or medical facility to provide such medical treatment as necessary for the above participant.
- I further agree to be responsible for any medical expenses, and/or property damage incurred on behalf of/or by the above participant. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area.

Additionally, I agree that my child's medical card is current and up to date and agree to notify Snyder Memorial Baptist Church with any changes to the medical card.

I do hereby release, absolve, indemnify and hold harmless the Snyder Memorial Baptist Church, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named child arising out of the trip. In case of injury to my child, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting our child to and from the activities.

Parent/Guardian Signature: _____

Date: _____

I understand that as a participant of Snyder Memorial Baptist Church, my child may be photographed or videotaped during activities and these photos/videos may be used in promotional materials.

Parent/Custodial Signature: _____

Date: _____

Preschool/Children's Permission Form 2012-2013

Photo/Video Notice

I hereby consent to _____

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