



Children's Ministries ANNUAL REGISTRATION FORM

Thank you for registering your child in The Moody Church Children's Ministries.

A parent(s) or legal guardian should fill out a separate original form for each child involved in a Moody Church children's program or activity so we can best serve you and your family. Please return the completed form(s) to The Moody Church, Director of Children's Discipleship, at 1635 North LaSalle, Chicago, Illinois 60614.

CHILD'S INFORMATION			
Child's Name			
Birth Date (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Grade
Address	City	State	Zip code
FAMILY INFORMATION			
Father/Guardian Name	<input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Mother/Guardian Name	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian		
Home Phone	Cell Phone		
Email Address			
Are both parents living at home? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, who has legal custody of the child?			
If the person who regularly brings the child to church is different than above, please list:			
EMERGENCY CONTACTS			
Emergency Contact	Relationship		
Home Phone	Cell Phone		
Typical Location during church time or other ministry			
Family Doctor	Phone Number		
MEDICAL INFORMATION			
My child has medical concerns that the church should be aware of. <input type="checkbox"/> YES <input type="checkbox"/> NO			
My child has: (i.e. allergies, asthma, epilepsy, seizures)			
PROGRAM INVOLVEMENT <i>Please check the programs your child attends</i>			
Sunday Programming	Wednesday Programming	Additional Classes	
<input type="checkbox"/> Nursery	<input type="checkbox"/> Kids' Church	<input type="checkbox"/> Nursery	<input type="checkbox"/> EWACH
<input type="checkbox"/> 2s Class	<input type="checkbox"/> Kindergarten – Grade 2	<input type="checkbox"/> Children's Chorus	<input type="checkbox"/> Precepts
<input type="checkbox"/> 3s Class	<input type="checkbox"/> Grades 3 – 6	<input type="checkbox"/> Cubbies	<input type="checkbox"/>
<input type="checkbox"/> Pre-Kindergarten Class		<input type="checkbox"/> Sparks	<input type="checkbox"/>
		<input type="checkbox"/> T & T	

RELEASE AND MEDICAL AUTHORIZATION

Consent and Certification

I am the parent/legal guardian of the above named child and have the authority to consent to the participation of this child in The Moody Church Children's Ministry. I consent to the participation of my child in the functions, programs, and activities of that Ministry during the 2009 - 2010 program year (September through August), including any and all programs and activities customarily associated with a church children's group.

Yes No

My child is physically fit and adequately trained to participate in such programs or events, except (please specify all exceptions):

I also consent to my child riding in a vehicle driven by a Moody Church pastor, staff member, volunteer, or hired commercial driver.

Yes No

I agree that The Moody Church, its Board members, employees, agents, and volunteers shall not be liable for damages, losses, diseases, injuries, or death while attending or participating in a program, function, or activity of The Moody Church Children's Ministries or while traveling to and from any such program, function, or activity. I hereby waive any claims which I or my child may have or hereafter acquire against The Moody Church, its Board members, employees, agents, or volunteers for any such damages, losses, diseases, injuries, or death.

Yes No

Medical Authorization

I certify that I have the right to consent to medical treatment of the child named on this form. I do consent to any x-ray, routine tests, anesthetic, injections, medical, surgical, or dental diagnosis, treatment or hospitalization that may be deemed necessary for my child. If I cannot be reached in an emergency, I give permission to the physician selected by Moody Church Staff and/or its Approved Volunteers to make the decisions necessary for treatment. I agree that The Moody Church, its Board members, employees, agents, and volunteers shall not be liable for damages, losses, diseases, injuries, or death incurred by the child named on this form so long as the treatment is administered by or under the supervision of a licensed physician.

Further, I am ultimately responsible for the health care cost for the above named child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. I understand that I am responsible for the costs of any medical care not reimbursed by health insurance.

Yes No

Publicity Waiver

I allow my child's picture to be used by the Children's & Youth Ministries for various needs such as newsletters and/or The Moody Church website.

Yes No

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian

Parents, consider joining our TMC Kids Team! For more information, please check the boxes of interest below:

- Sunday Children's Classes (age 0 - grade 6) Awana Book Nook Administrative Support