



REGISTRATION FORM

(ONE PER CHILD)

Child's Name: _____ Child's Age: _____

Street Address: _____

City: _____ Zip Code: _____

Mother's Name: _____

Phone: _____ Email: _____

Father's Name: _____

Phone: _____ Email: _____

Person(s) authorized to pick up child:

Name: _____ Relationship to child: _____

*Please note; leaders *will not* release children to any persons not listed above.

Emergency Contact if parent or guardian cannot be reached:

Name: _____ Phone: _____

Is there anything our staff should be aware of regarding your child?

Allergies: _____

Behavioral Traits: _____

Is your child fully potty-trained? (100% self-sufficient in the bathroom) YES NO

If NO; what kind of assistance do they need? _____

I give my permission to the staff of Calvary Chapel Fullerton to seek medical attention for my child if necessary while participating in Vacation Bible School functions.

I understand that all necessary precautions will be taken for my child's safety.

I will not hold the church, staff, or those supervising liable.

Print Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

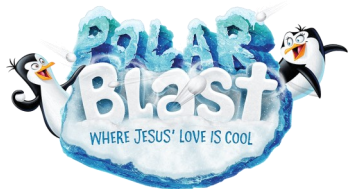


PHOTO RELEASE FORM

(ONE PER CHILD)

I hereby authorize Calvary Chapel Fullerton to publish photographs taken of the undersigned minor children for use on their CCF Children's Ministry social media applications (ie. Facebook, Instagram, Twitter, etc.).

I release the Calvary Chapel Fullerton from any expectation of confidentiality for the undersigned minor children and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Calvary Chapel Fullerton to use their photographs and names.

I acknowledge that since participation in the content produced by the CCF Children's Ministry confers no rights of ownership whatsoever; I release Calvary Chapel Fullerton, its contractors and its employees from liability for any claims by me or any third party in connection with the participation of the undersigned minor children.

Print Name of Child: _____

Print Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____