

Child Registration

Rhapsody Church



We ask for your cooperation in completing and returning this application. All children who participate in Kid's Unwrapped at Rhapsody Church should have this form completed by a parent or guardian. This information will remain confidential.

Child(ren)

Child 1 _____ Nickname _____ Age _____ Gender M / F
Last First MI
Date of Birth _____ Current Grade _____ (2015-2016) Allergies _____

Special Needs (Please explain and let our staff know of any precautions we should take so that Rhapsody Church is a safe place for your child). Also list any medication you would like us to hold for service (Epi-Pen, etc), and its purpose. If you have a child under 2, please provide information to make their stay with us more enjoyable (i.e. "likes to be rocked," etc) _____

Permission to change diaper, if appropriate? Y / N

Can your child a snack with Rhapsody Church? Y / N List Restrictions _____

Child 2 _____ Nickname _____ Age _____ Gender M / F
Last First MI
Date of Birth _____ Current Grade _____ (2015-2016) Allergies _____

Special Needs (Please explain and let our staff know of any precautions we should take so that Rhapsody Church is a safe place for your child). Also list any medication you would like us to hold for service (Epi-Pen, etc), and its purpose. If you have a child under 2, please provide information to make their stay with us more enjoyable (i.e. "likes to be rocked," etc) _____

Permission to change diaper, if appropriate? Y / N

Can your child a snack with Rhapsody Church? Y / N List Restrictions _____

Child 3 _____ Nickname _____ Age _____ Gender M / F
Last First MI
Date of Birth _____ Current Grade _____ (2015-2016) Allergies _____

Special Needs (Please explain and let our staff know of any precautions we should take so that Rhapsody Church is a safe place for your child). Also list any medication you would like us to hold for service (Epi-Pen, etc), and its purpose. If you have a child under 2, please provide information to make their stay with us more enjoyable (i.e. "likes to be rocked," etc) _____

Permission to change diaper, if appropriate? Y / N

Can your child a snack with Rhapsody Church? Y / N List Restrictions _____

If you need to add more children, make a note here _____ and add them to the back of this form.

Parent/Guardian Information

Name(s) _____
Last, First Last, First
Address _____
Phone _____ Text? Y / N E-mail _____

Extra Adult Emergency Contact: Every effort will be made to contact the parent/guardian in case of emergency. If you cannot be reached, please provide emergency contact information of a relative or friend.

Name _____ Relationship _____ Phone _____

Authorized Sign-Outs

List names, relationship and phone numbers of Adults (18 and over) authorized to sign out your child(ren).

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

List names, and relationship of anyone who **CANNOT** pick up, or have contact with your child(ren).

Name _____ Relationship _____

Name _____ Relationship _____

Consent and Release

By signing this release, I agree to the following: In the event of accident or injury occurring at Rhapsody Church or on the premises of the Clark County YMCA to myself and/or anyone under my care, control or custody, I do hereby agree to hold free and harmless and Rhapsody Church and the Clark County YMCA and their insurance companies, and to present no claim for damages against said entities.

I consent to my child taking part in approved program activities for Rhapsody Church.

Parent/Guardian Signature _____ Date _____

Permission to use Picture/Digital Images: I give my permission for my child's picture or digital image to be used for church promotional purposes (Website, Facebook, Instagram, Twitter, etc). Y / N

Please let us know any restrictions _____

Parent/Guardian Signature _____ Date _____

List other children and their information here: