

# Registration Form

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Parent(s) name(s) \_\_\_\_\_

Parent(s) work phone(s) ( \_\_\_\_\_ ) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

School grade just completed \_\_\_\_\_

Name of home church, if any \_\_\_\_\_

I hereby GRANT DO NOT GRANT (please choose one)

permission for Calvary CRC, Lowell, MI  
(name of church)

to use pictures of my child \_\_\_\_\_  
(name of child)

on their website for informational or promotional purposes.

Parent/Legal Guardian \_\_\_\_\_  
(print name)

Parent/Legal Guardian \_\_\_\_\_  
(signature)