



## Family Registration Form 2011-2012

*All children age 3 – grade 6 are welcome to be a part of Wednesday Night BLAST! Please use this form for all family members of the same household.*



### Student Information

Student Name	Gender	Date of Birth	Age <i>as of 10/5/11</i>	Grade	T-shirt size*	Derby Car Choice <small>(sports car, truck, convertible or wedge)</small>	Crew <small>(office use only)</small>
	M / F						
	M / F						
	M / F						
	M / F						
	M / F						

*\*The t-shirt style is not changing from last year, so if your child can wear his or her Wednesday Night BLAST t-shirt from last year again, simply put a dash in the t-shirt column. Otherwise, please provide your child's normal T-shirt size (such as 4T, 6, 8, etc.) and we'd be happy to provide a new one.*

It is our desire to create an atmosphere where children feel they belong and are comfortable. If it would help any of your children to be with a certain friend, please attach a request, including the nature of the reasoning, and we will attempt to accommodate.

### Family Information:

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street &/or P.O. Box) (City) (State) (Zip)

Home phone number: (\_\_\_\_) \_\_\_\_\_ Cell phone number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Other than a parent or guardian, who may pick up your child? We will only permit parents and guardians listed above and those you list below to pick up your child(ren). We ask that the people you list be 16 years of age and older.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Do you attend church regularly? Yes No If so, where? \_\_\_\_\_

☆ *Form continues to other side!* ☆

## Emergency Information

In the event of an emergency, who should we contact if we cannot reach a parent, guardian or anyone you've approved to pick up your child(ren)?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Doctor's Name or Group \_\_\_\_\_ Phone \_\_\_\_\_

As a parent/guardian, I give my permission, in case of emergency, for those students listed on the front side of this registration form to receive medical treatment. I understand that any costs for treatment are my responsibility and I will not hold Grace Point Church of Paradise or Paradise Bible Fellowship Church responsible for any emergency that may occur.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please list any known allergies or physical restrictions along with the name of the student to whom it refers. Note: The staff of Wednesday Night BLAST will not administer any medication to any child while in attendance at any Wednesday Night BLAST activity.

## Consent for photographs and name submission

*(Please choose from **ONE** of the following options)*

\_\_\_ Yes, I hereby consent to have my child(ren) photographed or videotaped for slideshows shown only at Wednesday Night BLAST.

\_\_\_ Yes, I hereby consent to have my child(ren) photographed or videotaped for the purpose of promoting Wednesday Night BLAST which includes publishing their picture in a newspaper, but NOT identifying them by name.

\_\_\_ Yes, I hereby consent to have my child(ren) photographed or videotaped for the purpose of promoting Wednesday Night BLAST which includes publishing their picture in a newspaper AND having my child(ren) identified by their first and last name (i.e., Pinewood Derby winners, etc.)

\_\_\_ No, I do not consent to have my child(ren) photographed in any way.

Parent/Guardian signature: \_\_\_\_\_ *Date:* \_\_\_\_\_

Please mail this completed form, along with your donation, to:

Paradise Bible Fellowship Church  
P.O. Box 217  
Paradise, PA 17562

***We look forward to having a BLAST together as we get to know God more!***