



Child's **Name** (first and last): \_\_\_\_\_

School: \_\_\_\_\_ Homeroom teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle one: M / F Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

List any security/custody issues with this child? \_\_\_\_\_

List any special needs (ADD, Asperger's, Dyslexia, etc.) \_\_\_\_\_

Child's allergies (peanuts, chocolate, etc.): \_\_\_\_\_

Family Email: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Parent1/Guardian1** work/cell phone: \_\_\_\_\_

**Parent2/Guardian2** work/cell phone: \_\_\_\_\_

Church: \_\_\_\_\_

Is either parent/guardian in the military?  Yes  No

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERMISSION FOR PICK UP—in addition to those listed above, the following people are allowed to pick up my child:**

PRINT FULL NAME

CELL PHONE

1) \_\_\_\_\_

2) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(Signature of parent/guardian) (Date)

\_\_\_\_\_  
(Printed Name)

**OPTIONAL Photography and Video Release**

*Child Evangelism Fellowship*<sup>®</sup> may, from time to time, document the activities of the ministry with photos or videos.

I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_