

Roots & Wings

CHILDRENS MINISTRY OF NEIGHBORHOOD CHURCH

Registration for Summer 2010

GOD ENCOUNTER

"The Treasure of His Heart"

MUST BE FILLED OUT BY PARENT OR GUARDIAN AND PRINTED NEATLY.

Child's Name: _____

Last

First

Middle

Address: _____

Street Name

City/State

Zip Code

Daytime Telephone: _____ Evening: _____ Cell: _____

E-mail: _____ Date of Birth: ____/____/____ Age: _____ Gender M/F _____

School Grade in Fall 2010: _____ School Attendance: _____

Choose t-shirt size: CHILD XS(4-6) S(6-8) M(8-10) L(10-12)

PARENTS/GUARDIAN'S INFORMATION:

Father/Guardian's Name: _____

First

Last

Address (if different): _____

Street Name

City/State

Zip Code

Daytime Telephone: _____ Evening: _____ Cell: _____

E-mail: _____

Mother/Guardian's Name: _____

First

Last

Address (if different): _____

Street Name

City/State

Zip Code

Daytime Telephone: _____ Evening: _____ Cell: _____

E-mail: _____

CHILD'S SPIRITUAL HISTORY:

Do you attend church regularly? _____

How long have you been attending there? _____

Home church & denomination: _____

Pastor's name: _____ Phone: _____

Has your child given their heart to Jesus? If yes, when? _____

CHILD'S HEALTH HISTORY:

Insurance provider: _____ ID/Group #: _____

Physician's Name: _____ Phone: _____

Does your child have allergies? N Y If yes, what? _____

Is your child currently under a doctor's care or taking any prescription drugs? N Y
If yes, please describe: _____

Does your child have any physical/mental disabilities that would prevent them from participating in activities? N Y
If so, please explain: _____

Does your child require special care or attention due to behavioral issues or special circumstances? N Y
If so, please explain: _____

PICK-UP & EMERGENCY CONTACT INFORMATION:

PICK-UP: Please list anyone who you would like to give permission to pick-up your child. Your child will only be released to you or those on this list. Please note that anyone picking up your child will be required to show photo ID:

1. _____ 2. _____

EMERGENCY CONTACT: In case we can't reach either parent/guardian:

#1: Name: _____ Daytime Phone: _____ Cell: _____

#2: Name: _____ Daytime Phone: _____ Cell: _____

RELEASE & CONSENT:

I understand that all necessary precautions for the care and safety of my child will be taken. I will not hold Neighborhood Church, it's staff or volunteers responsible for any accidental injury to my child. I consent and agree that they will not be held financially responsible in any way for any medical care our child might need in event of accident, injury or emergency. I understand that Neighborhood church will contact me immediately in event of any situation.

I understand that all fees/costs are non-refundable after July 1st, 2010.

I understand that children attending God Encounter 2010, will be expected to honor those in authority over them and conduct themselves appropriately. If a child chooses to act outside the guidelines that are set for them in such a way that it becomes problematic for leaders/staff and/or is disruptive to the function of the event, we will be calling their parents and ask that they be picked up.

I consent and agree that Neighborhood Church as well as it's employees and volunteers have permission and rights to take photographs or video of my child during the week of July 12th-16th, 2010. I consent and agree that Neighborhood Church has permission to use any images, photographs, name, quotations or testimonies of my child either publicly or privately in any media, print or web publications.

I understand that any images, photographs, quotes or information regarding my child will be done with respect and honor, and will be used in a way that will bring glory to our Lord and advance the Kingdom of God.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Child's Signature _____ Date _____

Registration & Full Payment must be received no later than July 1st, 2010.
A Deposit of \$20 is required at the time of registration to hold your child's place.
REGISTER EARLY, SPACE IS LIMITED!

CONTACT INFORMATION:

Roots & Wings

CHILDREN'S MINISTRY
OF NEIGHBORHOOD CHURCH

2801 NOTRE DAME BLVD.
CHICO, CA 95928
FAX (530) 343-6009
WWW.NCCHICO.ORG

ELIZABETH LARSON- DIRECTOR (530) 879.8804
TAMMY COITO- ASSISTANT TO THE DIRECTOR (530) 879.8818