

Swamp Mennonite Church
Program Registration 2011-2012

(Please print legibly)

Child's Name _____ Birth date _____

Address _____

Child's School _____ Current Grade _____

Church Child Attends _____

Parents' Names _____

Home Ph. # _____ Work # _____ Cell # _____

Email: _____

Allergies _____

Medical concerns/Hospital Preference _____

Current medications _____

Family Doctor _____ Ph.# _____

Any physical restrictions? Yes _____ No _____ (please give details on back of this form)

Emergency Contact Person _____ Ph.# _____

Is child covered by personal/family medical insurance? Yes _____ No _____

Name of Insured _____ Insurance Co. _____

Policy # _____ Group # _____

_____ (initial/circle one) I GIVE/DO NOT GIVE my permission for my child's photographic image to be used by Swamp Mennonite Church only for its information and outreach activities.

_____ (initial) I my permission for my child's participation in the _____ program of Swamp Mennonite Church

DATE _____