



Registration/Information Form

Date Completed: _____

Child's Name _____ Birth Date _____ Grade _____

Home Phone _____ E-mail _____

Child's Home Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Child Shirt Size (circle) SMALL MEDIUM LARGE Adult Size (circle) SMALL MEDIUM LARGE X-LARGE

School Child Attends _____

Church that you regularly attend and/or are a member of :

HH First Baptist Other - _____ None

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing Northwest Baptist to use photographs of your child as stated above.

Signature of Parent/Guardian _____ Date _____

Mother's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
(If Different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child) :

HH First Baptist Other - _____ None

I would like a visit to learn more about children's ministries at HHFBC Yes No

I may be interested in serving in children's ministries at HHFBC Yes No

Father's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
(If Different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child) :

HHFBC Other - _____ None

I would like a visit to learn more about children's ministries at HHFBC Yes No

I may be interested in serving in children's ministries at HHFBC Yes No

List other people that are authorized to pick up your child from activities sponsored by HH First Baptist

Name _____ Relationship to Child _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Name _____ Relationship to Child _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

ANNUAL UPDATES _____ | _____ | _____ | _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)



Emergency Information Form

Date Completed: _____

INSTRUCTIONS TO PARENTS:
(1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.
NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name: _____ **Date of Birth:** _____

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

2. Name _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

3. Name _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from Huber Heights First Baptist Church to have your child transported to that hospital and receive treatment.

Signature of Parent/Guardian _____ Date _____

ANNUAL UPDATES _____ | _____ | _____ | _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

INSTRUCTIONS TO PARENT:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner Date

Signature of Health Practitioner () Telephone Number