

2023 - 2024 WEDNESDAY NIGHT REGISTRATION

Start Date: Wednesday, September 20, 6:15pm-7:30pm

Family Info:

Parent/Guardian Na	ame			
Mailing Address		City	State	Zip
Home Phone (include area code)			Parent/Guardian Cell Phone (include area code)	
Email <u>Student Info:</u>				
Child #1				
First Name	Middle or Initial	Last Name	Birthdate (MM/DD/YYYY)	Male or Female?
Grade	Shirt Size	Allergies		
Medications:				
Child #2				
First Name	Middle or Initial	Last Name	Birthdate (MM/DD/YYYY)	Male or Female?
Grade	Shirt Size	Allergies:		
Medications:				
Child #3				
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First Name	Middle or Initial	Last Name	Birthdate (MM/DD/YYYY)	Male or Female?
Medications:	Snirt Size	_ Allergies:		
	so authorized to leave v	vith these individuals in o	case of emergency:	

Do you consider NORTHLIFE Church your church home? Yes No Would you like to be included in our printed church directory? Yes No

Parent Authorization: For Parents of Nursery- 5th Graders

I understand that supervision is being provided by Northlife and release the church from any liability. I a parent or legal guardian of these children: #1, #2, #2, #3	am the
I understand that pictures or videos may be taken of my child to be responsibly used at the discretion of church.	f the
For any injuries or losses, parents agree to hold harmless and otherwise indemnify the Church, Children Ministry Director, Assistants, and all Volunteers who give their assistance to the Children's Ministries of Northlife Church.	's
Parents also agree, in case of an emergency requiring immediate medical attention, to authorize any of adult leaders associated with Northlife Church accompanying my children to seek or provide medical camy youth.	
Parents also authorize any doctor, hospital, or medical care institution or practitioner to provide necessa medical care or hospitalization to minor children, upon request of one or the adult leaders associated w Northlife Church.	•
Signature: Date:	