

REGISTRATION



Parent's Name/s: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Emergency# _____

Email: _____

Church: _____

We ask for a \$15 per child donation to pay for the crafts and supplies used during the year.

Children in Journey

First Name	Last Name	Grade	Birthday	Allergies ...

*Medical Release: In the event of an emergency, I give Journey staff permission to obtain medical care for my child if I cannot be reasonably reached.

(signature of parent or legal guardian)

(date)

*I give Journey staff permission to use photographs and or video of my child for advertising, promotion, or other ministry related purposes. I consent to photo/video release. I do not consent to photo/video release.

*Other individuals authorized to pick-up my child from journey (Name & Phone number)

