

FAITHWEAVER FRIENDS REGISTRATION FORM

Breslau Evangelical Missionary Church

Name: _____

Address: _____

Parents/Guardian: _____

Phone: _____

Child's Date of Birth: _____ Health Card Number: _____

Allergies/Medical Conditions (if any): _____

Does your child carry or require an EpiPen? _____

Health Information (if needed): _____

Emergency contact (other than parents):

Name: _____ Phone: _____

Would you be willing to provide a snack for the children at some time during the year?

BEMC has adopted a Protection Plan. Would you like to look over a copy of the plan?

If there are any questions, concerns, or matters you would like to bring to our attention concerning your child, please list: _____

I give my permission to BEMC to keep the information above in records for the use of the BEMC Children's and Youth ministries. Yes No

I give my permission to BEMC to use my child's name and/or photo on material posted within the church. Yes No

I give my permission to BEMC to use my child's name and/or photo on material posted on the church website. Yes No

Parent's Signature: _____