



Today's Date: ___/___/___

Mother/Guardian Name _____

Email _____ Cell Phone _____

Father/Guardian Name _____

Email _____ Cell Phone _____

Child's Address _____

City _____ State ___ Zip _____ Home Phone _____

Child(ren) live with: Both Parents Mom Dad Grandparents Other _____

PLEASE LIST CHILD(REN) IN FAMILY. INCLUDE CHILD'S LAST NAME IF DIFFERENT THAN THE PARENT/GUARDIAN.

Child's Name _____ Birthdate ___/___/___ Allergies _____ M__ F__ Grade _____

Child's Name _____ Birthdate ___/___/___ Allergies _____ M__ F__ Grade _____

Child's Name _____ Birthdate ___/___/___ Allergies _____ M__ F__ Grade _____

Child's Name _____ Birthdate ___/___/___ Allergies _____ M__ F__ Grade _____

PARENT / GUARDIAN NOTES: Is there anything else that would be helpful for us to know about your child?

PICTURE PUBLICATION RELEASE

I give Calvary Assembly of God permission to use photos of my above listed child(ren) on the Calvary Assembly of God web site, parent newsletters and/or other church related media. I understand that any children in photos used will not be identified by name.

I DO NOT give permission to use photos of my above listed child(ren).

Parent/Guardian Signature

Date