



Plan To Protect
Registration Form 2016/17

Registration for: NextGen Children's Ministry Date: _____
(minimum age: 21 months)

CHILD'S NAME: _____

Age of Child: _____ Grade: _____ Date of Birth: _____/_____/_____
yyyy mm dd

Brothers and Sisters: _____

Parent/Guardian Name(s): _____

Address: _____

Phone # _____ Emergency Phone # _____

Email: _____

Does Your Child have and physical, emotional or behavioral concerns that our staff should be aware of? (if so, how would you like this to be addressed?)

Allergies: _____

** snacks will occasionally be given as part of the lesson

Family Doctor: _____ Dr.'s Phone # _____

Care Card # _____

I understand that photos may be taken throughout the year. These photos may be made into a slideshow to share with the church congregation, and may be used on the Powers Creek Community Church website and/or Facebook page. I give permission for my child to be included in any of these photos. Yes _____ No _____ (please initial)

Parent/Guardian signature _____

Purposes and Extent:

Powers Creek Community Church is collecting and retaining this personal information for the purpose of enrolling your child in programs, to assign the student to the appropriate classes, and to be aware of health concerns for his/her safety. This information will be maintained permanently as it is a requirement for insurance purposes. If you wish Powers Creek Community Church to limit the information collected, or you wish to view your child's information, please contact us.

Visiting Today

Will Be Attending Regularly