

**LAKEVIEW CHURCH CHILDREN'S MINISTRY  
REGISTRATION FORM**

*I am registering my child for the following children's ministry* (Please check the appropriate box)

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  *Adventure Club*  *VBS*

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade (as of September 1): \_\_\_\_\_

Home Church: \_\_\_\_\_ Child's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Emergency contact (other than parent/guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

I would like to receive information regarding this ministry via e-mail.

Mother's E-mail: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Other E-mail: \_\_\_\_\_

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Lakeview Church has permission to take pictures of my child for the purpose of church publications, the church website, newspaper articles, or other ministry needs unless permission has not been granted.

Lakeview Church **DOES** have permission to take my child's photograph for the above purposes.

Lakeview Church **DOES NOT** have permission to take my child's photograph for the above purposes.

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My child has the following:

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Food Allergies: \_\_\_\_\_  
\_\_\_\_\_

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My child comes with/is a guest of: \_\_\_\_\_