

# NMBC Children's Ministry

4 Cherry Tree Farm Road ~ Middletown, New Jersey 07748



Website: [nmbchurch.org](http://nmbchurch.org)

Email: [nmbchurch@nmbchurch.org](mailto:nmbchurch@nmbchurch.org)

Phone: (732) 671-5998

CHILD / CHILDREN'S NAME (S)	AGE	BIRTH DATE	*GRADE In 9/2011	SPECIAL NEEDS / ALLERGIES

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENTS / GUARDIAN'S NAMES

NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BELONGS TO \_\_\_\_\_

HOME CHURCH/LOCATION \_\_\_\_\_

EMERGENCY CONTACT 1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT 2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OTHERS AUTHORIZED TO PICK UP CHILD/CHILDREN

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I have read this form and give permission for my child/children (as indicated above) to participate in all activities. I understand that he/she is participating at his/her own risk. I agree to hold NMBC and its volunteers harmless for any injury which may be incurred by participating in this program. In the event I cannot be reached, I give permission to the director of the program to secure emergency medical treatment of my child/children named herein. Permission is also given to use photos for promotion purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

CH 1 \_\_\_\_\_ 252 1 \_\_\_\_\_ NR \_\_\_\_\_ CJ \_\_\_\_\_ MC \_\_\_\_\_ VBS \_\_\_\_\_ UPW \_\_\_\_\_

CH 2 \_\_\_\_\_ 252 2 \_\_\_\_\_ Other \_\_\_\_\_