



Registration 2016-17

Fair Haven Church | 2900 Baldwin Street | Hudsonville, MI 49426 | 616.662.2100 | fhchurch.org | kids@fhchurch.org

Parent(s)/Guardian(s) Name: _____

Address: (primary residence) _____

City _____ Zip: _____

Contact Phone Number: _____ Email: _____

CHILD 1

NAME: _____ Date of Birth: _____ Sunday 9:00 or 10:45

GRADE: (circle one) Nursery Age 3 or 4 PreK/K 1st 2nd 3rd 4th 5th

DISMISSAL: (circle WAIT or GO) Note, parent pick up is required for birth through Kindergarten.
WAIT for parent to pick up GO alone when program ends

ALLERGIES/SPECIAL NEEDS we should know about: _____

FRIEND REQUEST : (One request per child. Both kids must request each other) _____

CHILD 2

NAME: _____ Date of Birth: _____ Sunday 9:00 or 10:45

GRADE: (circle one) Nursery Age 3 or 4 PreK/K 1st 2nd 3rd 4th 5th

DISMISSAL: (circle WAIT or GO) Note, parent pick up is required for birth through Kindergarten.
WAIT for parent to pick up GO alone when program ends

ALLERGIES/SPECIAL NEEDS we should know about: _____

FRIEND REQUEST : (One request per child. Both kids must request each other) _____

CHILD 3

NAME: _____ Date of Birth: _____ Sunday 9:00 or 10:45

GRADE: (circle one) Nursery Age 3 or 4 PreK/K 1st 2nd 3rd 4th 5th

DISMISSAL: (circle WAIT or GO) Note, parent pick up is required for birth through Kindergarten.
WAIT for parent to pick up GO alone when program ends

ALLERGIES/SPECIAL NEEDS we should know about: _____

FRIEND REQUEST : (One request per child. Both kids must request each other) _____

Medical/Liability/Photo release

In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child(ren) receive any medical attention or treatment deemed necessary by the staff and/or the ministry leadership of the Harbor Churches. Therefore, I give permission to any hospital, doctor, and/or health care provider to treat, transport/admit my child. I understand that I am responsible for all the expenses and charges for the treatment and care of my child. I give permission for pictures and video of my child to be used on the Harbor Churches websites, social media and other in-house publicity. **If I am opposed to this, I will request a denial form from a children's ministries staff member.**

Signature of Parent or Guardian _____ DATE _____