



registration | 2018-2019

harborKids

fair haven church | 616.662.2100
kids@fhchurch.org | fhchurch.org

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

Address (primary residence): _____

Contact Phone Number: _____ Email: _____

Child Information

child 1

Name: _____ **Date of Birth:** _____ **Service** (circle one): 9am 10:45am

Grade (circle one): Age 0-2 (Nursery) Age 3 or 4 Young 5's/Pre-K Kindergarten 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: _____

child 2

Name: _____ **Date of Birth:** _____ **Service** (circle one): 9am 10:45am

Grade (circle one): Age 0-2 (Nursery) Age 3 or 4 Young 5's/Pre-K Kindergarten 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: _____

child 3

Name: _____ **Date of Birth:** _____ **Service** (circle one): 9am 10:45am

Grade (circle one): Age 0-2 (Nursery) Age 3 or 4 Young 5's/Pre-K Kindergarten 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: _____

Medical and Liability 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 ministry leadership of 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 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 _____