

Young Travelers Registration Form

Child Information

Child's Name: _____

Age Group:

(Check grade child is entering this fall)

Pre-K & Kindergarten

1st & 2nd Grade

3rd & 4th Grade

5th & 6th Grade

Does your child have any specific medical issues, allergies, special needs, or other concerns?

If the following information is the same as another child, you can check below, name the student, and skip the rest of the form. You should only have to fill out the Family Information portion once.

Family Information is the same as _____

Family Information

Medical Release

The undersigned, being a parent and/or guardian of the(se) child(ren), do hereby authorize the treatment of the(se) above minor child(ren) by a qualified medical professional in the event of a medical emergency which, in the opinion of the attending medical professional, may endanger his or her life or cause undue discomfort if delayed.

Signature: _____ Date: _____

Photography Release

Please sign below to authorize the use of photographs and videos including your child(ren) for use in church publicity.

Signature: _____ Date: _____

Contact Information

Parents'/
Guardians'
Names: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Does your family attend any church other than Wyoming Park Bible Fellowship? _____

In the event we are unable to reach you, please list a second contact person and their phone number.

Name: _____ Phone: _____

In the event you are unable to pick up your student with the Parent Card, who is authorized to pick up your child?

Name (please print): _____

When picking up your child each night, please bring your Parent Card and meet your child in the auditorium at 8:30 p.m. Any adult wishing to pick up a child without a Parent Card will have their ID checked against this registration form.