

## Gays Mills Campus Wednesday Sunday School (WSS) Registration

Child's Name \_\_\_\_\_  Female  Male

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Second Phone Number \_\_\_\_\_

Are there any unusual health conditions?  Yes  No (please include any allergies):

If yes, please explain: \_\_\_\_\_

Is your child on any medications that we need to be aware of?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child of any behavioral issues we need to be aware of?  Yes  No

If yes, please share with us the best way to handle your child during that time: \_\_\_\_\_

\_\_\_\_\_

**Turn Over**

AFTER WSS my **elementary age child** has permission to (CHOOSE ONLY 1 OPTION)

OPTION 1: INSIDE pick-up by one of the following :

Name \_\_\_\_\_ (relationship) \_\_\_\_\_

Name \_\_\_\_\_ (relationship) \_\_\_\_\_

Name \_\_\_\_\_ (relationship) \_\_\_\_\_

***\*\*Only the people listed above can pick your child up, if someone else must, please send a note stating who will be picking up your child. \*\****

OPTION 2: Dismissed to find family/walk home

YES  NO (must check one) I give BMZ Church permission to post and/or print my child's photograph/video on newsletters, Church website, DVDs, bulletins/programs, Facebook and other social media (NO names will be posted). However, be aware that your child's image may appear in large group photos, even if you check no.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Before Filling out Form: Save to your computer FIRST, then fill out form, save again. Then you can mail form or attach to an email.**