



Registration Form

(one per child)

Name: _____ Male: _____ Female: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: () _____ Cell Phone: _____

Email address: _____

Date of birth: _____ Age: _____

School grade in September 2009: _____

Allergies or other medical conditions: _____

Mother's Name: _____ Father's Name: _____

Home Church: _____

Name of special friend your child might like to be with: _____

In case of emergency, contact: _____

EMERGENCY MEDICAL AUTHORIZATION: To expedite medical care in case of emergency and I cannot be reached, I give my permission to the staff of the Bridges Community Church to authorize medical or surgical treatment if necessary and advisable by the medical attendant. Every effort will be made to contact you before seeking medical treatment.

Parent/Guardian Signature: _____ Dr. Name: _____ Phone # () _____

Accident or Health Carrier: _____ Policy # _____

List those authorized to pick up your child: _____

Parents:
(Check all that apply)

Are you available to help? Yes No Parent Volunteer T-Shirt Size: _____

If so, in what capacity? Kid's Group Leader (Crew leader) Games

AM/PM Registration Crafts Prep & Serve Snacks



BRIDGES COMMUNITY CHURCH - 505 DRISCOLL ROAD - FREMONT, CA 94539 (510) 651-2030

Office Use Only: Check Cash S