

Alsbury Baptist Church

PNO Registration

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name	email address	
()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		
Sibling(s) name(s) and age(s):			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Cell Phone
()	()
Home Phone	Cell Phone

Additional Information

Diagnosis of special needs child(ren)

Feeding (circle one): self with assistance

Does your child have seizures? Yes No

Toileting (circle one): self with assistance diaper

Food Allergies:

Special Instructions (likes, dislikes, use the space below to provide us with any other information you feel would be helpful)

Medical and Photo Release

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian nor emergency contacts can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Photo permission release for all Alsbury Baptist Church programs: I give permission for my child(ren) to be photographed and/or videotaped, which may be used for publicity.

Parent's/Guardian's Signature

Date