

Date: \_\_\_\_\_

Worship Quest Class & Room #: \_\_\_\_\_

# Worship Quest Registration Form

**Check one:**     New Member     Visitor     One time Visitor     Remove from Roll     Change of Address/Phone

**Please Print Clearly:**

Child's Full Name: \_\_\_\_\_ Male Female Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo/day/year)

Nick Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Church member: Y/N Where: \_\_\_\_\_

**E-mail for updates/information:** \_\_\_\_\_

Brought to Worship Quest by: \_\_\_\_\_ Contact #: \_\_\_\_\_

## Health, & Medical information:

	yes or no		yes or no		yes or no
ADD/ADHD	<input type="checkbox"/> <input type="checkbox"/>	Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/> <input type="checkbox"/>
Autism	<input type="checkbox"/> <input type="checkbox"/>	Heart condition	<input type="checkbox"/> <input type="checkbox"/>	Food Allergies	<input type="checkbox"/> <input type="checkbox"/>

**Explain food allergies, parental situations, medications, etc that would help us help your child:** \_\_\_\_\_

**\*I understand that allergies and medical condition will, in brief, need to be printed on my child's nametag (ADD/ADHD will not). This is what I want printed:**

I can help... (A Background check is required)

**Computer check-in substitute:** \_\_\_\_\_ **Class room:** Substitute \_\_\_\_\_ Early Arriver \_\_\_\_\_

**Presentations:** Sew \_\_\_\_\_ Sell t-shirts & cd's \_\_\_\_\_ Sets/Props \_\_\_\_\_

**Teacher Appreciation:** Plan/Decorate for dinner \_\_\_\_\_ Get donations/gifts \_\_\_\_\_

## PERMISSION TO PHOTO/VIDEO NOTICE

*By signing below I understand and agree that as a participant my child may be photographed or videotaped connected with choir activities and these photos/videos may be used for broadcast, promotional material, or may be distributed in videotapes or videodiscs.*

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
relationship to child