

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	___ ___	Diabetes	___ ___	Seizure Disorder	___ ___
Autism	___ ___	Heart condition	___ ___	Food Allergies	___ ___
				Explain:	_____

**Anything else that would help us help your child including parental situations, Medications, etc:**

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 that as a participant, my child may be photographed or videotaped during choir activities and these photos/videos may be used for broadcast, promotional material, videotapes, or videodiscs.*

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

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