

**ARLINGTON REFORMED CHURCH  
NURSERY, SUNDAY KIDS CHURCH AND YOUTH GROUP REGISTRATION FORM  
ONE FORM PER CHILD/YOUTH**

**PLEASE PRINT CLEARLY**

Child's First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthdate:    Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Street Address: *(if different from above)* \_\_\_\_\_

Additional Parent/Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mailing Address: *(if different)* \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Emergency Contact Name & Phone: \_\_\_\_\_

**NOTES: (Allergies, Special Considerations, etc.)** *(use back of page if necessary)*

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For Sunday Kids Church aged children (5 and older), I give permission for my child named above to leave the Sunday Church School room without adult supervision.

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

Your nursery aged child will need to be picked up by you or someone designated below. If your child is over 5 and you do not sign above you will need to pick up your child from class. If you are not picking up your child yourself, we can only release your child to people you specifically designate. Please indicate up to three (3) people, besides yourself, to whom we may release your child.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_

**Freedom of Information and Protection of Privacy Act**

In accordance with the Freedom of Information and Protection of Privacy Act, Arlington Reformed Church requires parental consent for the release of your child's photograph, video clips or comments in activities that she/he may participate in through church programs. The Sunday Church School, Christmas or Easter plays, are examples of where this publication may occur.

\_\_\_\_\_ YES    \_\_\_\_\_ NO    I give my consent for the publication of my child's photograph, video clips or comments for purposes consistent with the above. (Note: Names will not be used.)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please give this form to Cynthia Canaday, Church Administrator. Contact:

[admin@arlingtonreformedchurch.org](mailto:admin@arlingtonreformedchurch.org)