



## GEFC Student Registration 2023-2024 School Year

Student's Name (First, Last): \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

School Attending: \_\_\_\_\_ City: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(If applicable) (Can send and receive text messages Y \_\_\_ N \_\_\_)

Does your child have any known allergies?

Does your child have any special needs that we should be aware of?

Father's Name: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Father's Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Can send and receive text messages Y \_\_\_ N \_\_\_)

Mother's Name: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Can send and receive text messages Y \_\_\_ N \_\_\_)

Home Phone: \_\_\_\_\_

Siblings living at home and not registered for Sunday school or youth activities:

1. First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

2. First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_



## Photo Release for Minors (if under 18)

Grace Evangelical Free Church has my permission to use my or my child's photograph publicly to promote Grace Children's Ministry. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

- Yes, Grace may use photos of my child
- No, Grace may not use photos of my child

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

Parent/Guardian's Signature: \_\_\_\_\_