



REGISTRATION 2011-2012

Return completed Registration Form to the *Children's Ministries Kiosk*
Fair Haven Ministries • 2900 Baldwin Street • Hudsonville MI 49426 • 616.662.2100 • fhmin.org • kids@fhmin.org

STEP 1 Parent/Guardian 1

First Name: _____
Last Name: _____
Birth Date: _____
Relationship to child: _____
Email: _____
Cell Phone: _____

Parent/Guardian 2

First Name: _____
Last Name: _____
Birth Date: _____
Relationship to child: _____
Email: _____
Cell Phone: _____

STEP 2 Family Information

Address (primary residence of child): _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Do you attend Fair Haven? Yes No If yes, service attended: 9:00 10:45 Rock Harbor

STEP 3 Individual Child's Information

CHILD 1 First Name: _____ Last Name: _____
Birth Date: _____ Gender: _____ School: _____

Allergies/Special Needs: _____
Grade (please circle): Preschool Pre-K Kindergarten 1st 2nd 3rd 4th 5th
Child Registration: Sunday 9:00am or 10:45am Wednesday Night
Dismissal Instructions (Pre-K - 5th only): dismissed alone (green) wait for pick-up (red)

CHILD 2 First Name: _____ Last Name: _____
Birth Date: _____ Gender: _____ School: _____

Allergies/Special Needs: _____
Grade (please circle): Preschool Pre-K Kindergarten 1st 2nd 3rd 4th 5th
Child Registration: Sunday 9:00am or 10:45am Wednesday Night
Dismissal Instructions (Pre-K - 5th only): dismissed alone (green) wait for pick-up (red)

CHILD 3 First Name: _____ Last Name: _____
Birth Date: _____ Gender: _____ School: _____

Allergies/Special Needs: _____
Grade (please circle): Preschool Pre-K Kindergarten 1st 2nd 3rd 4th 5th
Child Registration: Sunday 9:00am or 10:45am Wednesday Night
Dismissal Instructions (Pre-K - 5th only): dismissed alone (green) wait for pick-up (red)

STEP 4 Medical and Liability Release

In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child(ren) receive any medical attention or treatment deemed necessary by the staff and/or ministry leadership of Fair Haven Ministries. Therefore, I give permission to any hospital, doctor, and/or health care provider to treat, transport/admit my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. The above named child has my permission to travel in a church owned vehicle, an approved for special use vehicle for Fair Haven's use, or a privately owned vehicle (we will notify parents of special events requiring transportation). I give permission for pictures and video of my child to be used on the Fair Haven Ministries website & other in-house publicity. If I am opposed to this, I will request a denial form from a Children's Ministries staff member.

Signature of Parent or Guardian _____ Date _____