



Office use only  
Date Received: \_\_\_\_\_  
 Entered Into Computer

# Family Information

Portland Christian Center Children's Ministries  
**(This form alone does not register for any programs)**

### Guardian Information:

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Emails: \_\_\_\_\_

Person to contact in an emergency (other than guardians listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Person who brought child(ren) today (if different than guardians listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Child Information:

Child #1

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Conditions/concerns we should be aware of: \_\_\_\_\_

Child #2

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Conditions/concerns we should be aware of: \_\_\_\_\_

***Continue on back page to add more children.***

### Parental Release / Authorization:

I authorize Portland Christian Center leaders to administer or gain emergency medical care in the case of an accident, injury or serious illness when I cannot be reached. I understand that any medical expenses incurred are my responsibility as parent / legal guardian. Unless otherwise indicated, I authorize Portland Christian Center to use images of my child for promotional purposes.

\_\_\_\_\_  
**Signature of Parent / Legal Guardian**

\_\_\_\_\_  
**Date**

No – please do not use images of my child(ren) for promotional purposes.

(continued from front)

Child #3

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Conditions/concerns we should be aware of: \_\_\_\_\_

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Child #4

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Conditions/concerns we should be aware of: \_\_\_\_\_

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Child #5

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Conditions/concerns we should be aware of: \_\_\_\_\_

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Child #6

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Conditions/concerns we should be aware of: \_\_\_\_\_

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Child #7

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Conditions/concerns we should be aware of: \_\_\_\_\_

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Child #8

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Conditions/concerns we should be aware of: \_\_\_\_\_

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