

REGISTRATION FORM

FOR FAITH WEAVER FRIENDS

North Street Christian Church

220-226 W. North Street, Butler, PA 16001

724-282-7700

NAME OF STUDENT: _____

FIRST

LAST

DATE OF BIRTH: ___/___/___ AGE: _____ GRADE: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

ALLERGIES and/or HEALTH CONDITIONS we should be aware of: _____

INSURANCE COMPANY & ID NUMBER: _____

I allow my child to be treated by a qualified physician.

SIGNATURE _____ DATE _____

I DO _____ I DO NOT _____ (check one) give permission for my child to be photographed or filmed for use within the church.

REGISTRATION FORM

FOR FAITH WEAVER FRIENDS

North Street Christian Church

220-226 W. North Street, Butler, PA 16001

724-282-7700

NAME OF STUDENT: _____

FIRST

LAST

DATE OF BIRTH: ___/___/___ AGE: _____ GRADE: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

ALLERGIES and/or HEALTH CONDITIONS we should be aware of: _____

INSURANCE COMPANY & ID NUMBER: _____

I allow my child to be treated by a qualified physician.

SIGNATURE _____ DATE _____

I DO _____ I DO NOT _____ (check one) give permission for my child to be photographed or filmed for use within the church.