



OAK VALLEY BAPTIST  
CHILDREN

FOR OFFICE USE:

Room #

Department

Date \_\_\_\_\_  
(Lasts for 1 year)

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

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Male ☐ Female ☐

Address \_\_\_\_\_

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

Parent/Guardian Name and Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name and Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Method of Contact Email ☐ Text ☐ Cell Phone ☐ Home Phone ☐

List any allergy, food allergy, medical conditions or security information \_\_\_\_\_

List any special instructions \_\_\_\_\_

In Case of Emergency, please contact \_\_\_\_\_

May we have permission to photograph your child? No ☐ Yes ☐

May we use your child's photograph in church publications for the purpose of promotion? No ☐ Yes ☐

May we use your child's photograph on the church website/social media pages? No ☐ Yes ☐

### Security Information

In order to meet legal requirements, I hereby authorize a representative of Oak Valley Baptist Church to give consent for any and all necessary first aid care for my child while he/she is in Oak Valley Baptist Church custody. If first aid is administered I will be contacted.

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

Date: \_\_\_\_\_