

Boy's Name: (first & last) _____ Today's Date: _____

Birthdate (Write out): _____ Grade: (as of Sept.) _____
Eg. Month/Day/Year eg. June 22 1997

Address: _____

City/Town: _____ Postal Code: _____

Phone Number: _____ Alternate Phone Number: _____

e-mail address: _____

Parents' or Guardians' Names: _____

Relationship to Child (if not a parent): _____

Address & Phone Number (if different than above): _____

Other pertinent information (allergies, emotional or behavioural concerns, disabilities):

* * * * *

In order to educate and promote this ministry at Eastview Community Church, the children may be photographed during the year.

“I do NOT want my child photographed or videotaped” _____
 Parent/Guardian Signature

This information may be used for the purpose of maintaining child health and security, evaluating ministry needs, tracking attendance patterns, contacting parent, guardian of child, emergency (medical or otherwise), party invitations, or follow-up. This information may be made available to the Children's Ministry Staff, the Boys Club Leaders, Eastview Community church council or other staff or other planning teams (general reports only).

Cost:	\$20.00	Registration	Paid _____
	\$10.00	Shirt Rental	Paid _____
	\$25.00	Shirt Purchase	Paid _____
	\$10.00	Book (if needed)	Paid _____