

Cecil Alliance Church  
Family Registration Form

Parents' Names \_\_\_\_\_

Home Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

1. Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Known Allergies or Medical Needs \_\_\_\_\_

Interests, Hobbies, Activities \_\_\_\_\_

2. Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Known Allergies or Medical Needs \_\_\_\_\_

Interests, Hobbies, Activities \_\_\_\_\_

3. Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Known Allergies or Medical Needs \_\_\_\_\_

Interests, Hobbies, Activities \_\_\_\_\_

(SEE REVERSE)

4. Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Known Allergies or Medical Needs \_\_\_\_\_

Interests, Hobbies, Activities \_\_\_\_\_

*I authorize the use of my child/ren's photo (with no name mentioned) for:*

Newspaper Yes \_\_\_\_\_ No \_\_\_\_\_

Church Website Yes \_\_\_\_\_ No \_\_\_\_\_

Church Facebook Yes \_\_\_\_\_ No \_\_\_\_\_

Framed Pictures at Church Yes \_\_\_\_\_ No \_\_\_\_\_

Promotional Flyers for Events Yes \_\_\_\_\_ No \_\_\_\_\_

*I authorize my child/ren's participation in Zoom meeting events.* Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_