Register me for Emerald Crossing!

Child's name						
Gender: Male	Female	Birthdate		Grade complete	d	
Address			City		State	Zip
Parent/Guardian						
Phone			_Email			
Emergency contact						
Relationship to child				Phone		
Who can pick up you	ur child?					
Name of home chur	ch					
Food allergies Y	_ N List _					
Medical concerns Y_	N Expla	in				
Child's name				rald Cros		
Address				_		Zip
Parent/Guardian						
Emergency contact						
Relationship to child				Phone		
Who can pick up you	ur child?					
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Food allergies Y	_ N List _					
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Name of	home chur	ch					
Food alle	ergies Y	_ N List _					
Medical	concerns Y_	N Expla	in				
I hereby	grant perm			TO USE IMAG		AND VIDEO	
					CHURG	CH NAME	
to record	sounds, ima	iges, or video o	of my child			NAME	
while atte	ending <i>thi</i> s V	⁷ BS program. I	also give permis	sion for		CHURCH NAME	
at its sole	discretion	to use these so	unde images or	r videos in nublica	ations (i	including print, websites	s and social madia
at 113 3010	discretion,	o use triese so	urius, irriages, or	viacos iri publico	20103 (1	meraamg print, websites	i, and social incura
platform	s) owned by						
				CHUR	RCH NAN	ME	
in relatio	n to <i>this VB</i> S	3 program.					
		PARENT	'/GIIARDIAN SIGN	ATURE			DATE.