

Zach's Club CHILD Registration

First Name

Last Name

M.I.

Street Address

City

State

Zip code

Male or Female?

Male

Female

Birth date

How did you hear about Zach's Club?

Do you have a church home?

Yes

No

If yes, what church do you attend?

Parent/Guardian 1

First Name

Last Name

Phone Number

Email Address

Parent/Guardian 2 (If applicable)

First Name

Last Name

Phone Number

Email Address

Who has permission to pick up your child in an emergency?

1. First Name

Phone Number

Last Name

Alternative Phone Number

2. First Name

Phone Number

Last Name

Alternative Phone Number

Doctors Information

Name

Phone Number

Please list the following: Any current medications, allergies, medical concerns, special needs, health condition, etc...

Do we have permission to take photographs of your child? Yes

(The pictures will be for in house use only, not for social media or the internet)

No

Which will you be attending during Zach's Club? Circle ALL that apply

MOPS

Bible Study

Other:

Signature

Date