Family Registration Form 2026/2027

Parent or Guardian Last Name: _____ First Names: _____

Address: _____ City, Prov., PC: _____

Telephone: Home _____ Cell: _____Work: _____

Family Email: _____ Facebook Member: Yes / No (circle one)

Emergency Contact: _____ Relationship: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Do you wish to be added to the Church directory (no public access, only other directory members)? Yes / No

Do you wish to be included in email communication from the Church office? Yes / No

Drop Off/Pick up Person(s) Other than parent or guardian mentioned above (Newborn – Grade 3):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Participant's Name					
Gender	M F	M F	M F	M F	M F
Birth Date					
Age					
Grade					
School					
Allergy/Health Conditions/ Impairments **Ex. peanut allergy, ADHD, Autism etc** **Please list any that apply**					

******Complete Boxes Below For Youth Only******

Email					
Cell					
Facebook	Yes No	Yes No	Yes No	Yes No	Yes No
Best Contact Method					

PLEASE TURN OVER AND SIGN THE BACK

Place to Grow
Authorization and Medical Consent Form
2026/2027

Parent Name (PRINTED): _____

Child/Children's Name(s): _____ _____

_____ _____

_____ _____

I / we, the parent(s) or guardian(s) (named above), authorize one of the Lakewood Alliance Church (LAC) Ministry Staff (paid staff or volunteers) to seek any medical treatment deemed necessary for my child/children's (named above) well-being.

I/we also authorize LAC to take pictures of my child/children (named above) for promotional material. Photographs and video footage of child/children can be used in the future. If you do not wish you child/children's picture to be taken please indicate under your signature that you do not wish for picture of you children to be taken.

I/we, the parents or guardian(s) (named above), grant permission for screened volunteers to connect with my child(ren) age 13 and older via social media as long as I am informed of the contact but not necessarily the content.

I/we, the parent(s) or guardian(s) (named above), undertake and agree to indemnify and hold blameless the pastoral staff, ministry volunteer staff, LAC, its Pastors and its Board of Elders from and against any loss, damage, or injury suffered by the participant as a result of being a part of the activities of Lakewood Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

This consent and authorization is effective only when participating in or traveling with events of LAC.

I/we have read, understood and agree with the above and sign it to cover all Place to Grow Ministry activities for the program year, effective from the date of signing until September 30th, 2027.

Signature: _____

Date: _____

PLACE TO GROW
A LAKEWOOD
ALLIANCE MINISTRY