Calvary Bible Church Children's Ministries

PLEASE PRINT CLEARLY Today's Date

Child's Last Name _____ Child's First Name _____

Birthdate _____ Age _____ Grade _____

Parents'/Guardians' Names _____

Address _____ City _____ Zip Code _____

Phone Number _____ Cell Phone Number _____ Email Address _____

Emergency Contact *(other than parent)* _____ Relationship _____ Contact Phone Number _____

Home Church _____

Does your child have any SPECIAL NEEDS or CONDITIONS such as allergies, physical limitations, learning disabilities, or other concerns about which we should know in order to provide appropriate care for you child? Yes _____ No _____ If 'yes,' please specify below.

X _____

I hereby give my child permission to participate in Calvary Bible Church's Children's Ministries. Date

Check all that apply:

[ ] Nursery (Birth-2yrs)
[ ] Sunday School (K-5th)
[ ] Sunday School (2-3yrs)
[ ] Sunday School (4-5yrs)
[ ] Wee Worship (2-3yrs)
[ ] Wee Worship (4-5yrs)
[ ] Bible Explosion (K-5th)
[ ] Awana Cubbies (3yrs-Preschool)
[ ] Awana Sparks (K-2nd)
[ ] Awana T&T (3rd-5th)

[ ] Awana Registration Paid

Please continue on the reverse side. ⇨

Calvary Bible Church
Photo & Video Release Form

Parent/Guardian Name: _____

Child's Name(s): _____

Phone Number: _____

Email: _____

Authorization

I hereby grant Calvary Bible Church permission to photograph, record, and/or video my child during church activities, programs, and events. I authorize the use of these images for the following purposes:

□ Church website
□ Social media
□ Printed materials
□ In-service slideshows or videos
□ Promotional materials
□ All of the above

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□ Full Permission – Church may use my child's image/video across all approved platforms.

□ Internal Use Only – Image/video can be used on screens inside the church building but not online.

□ No Permission – Please do not photograph or record my child.

Parent Acknowledgment

I understand that I may revoke this permission at any time.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____