



CRUSADERS FOR CHRIST REGISTRATION FORM

Parent / Guardian's Name							
Street Address							
City		State		Zip			
Email							
Primary Phone#		Alternate #					
Member of Way of the Cross Baptist Church?		Yes		No		Interested	
If not, are you a member somewhere else?							

Name of Child	Birthdate	Grade in School

Are there any special needs, medical, or health related concerns/allergies we should know?

Name of Child	Description

Photo Consent: On occasion, Crusaders for Christ uses photos for our website and social media outlets for publicity purposes.

Yes, I authorize		No, I do NOT authorize	
Signature (Parent or Guardian)			

Emergency Contact Information

Name	Phone #	Relationship to Child

Anyone NOT authorized to pick up child?			
Primary transportation to/from Church	Car		Church Bus/Van