



2017 ENYGA ANNUAL CONVENTION

Children's Registration Form

Please **PRINT** and fill out completely. Please attach a separate list of the names reflected in the below payment.

PARENT'S INFORMATION: (Complete if registering as a family) Please fully complete.

Parent's Name:				Home Phone:		Cell Phone:	
Email:				Church & Pastor's Name			
Number of Children	3-5yrs	6-9yrs	10-12yrs	AMOUNT PAID: (\$20 per child)		Paid by: (circle one) Cash / check / w/other	

CHURCH GROUP CONTACT INFORMATION: (Complete if registering as a group) Please fully complete.

Contact Person's Name:				Home Phone:		Cell Phone:	
Email:				Church & Pastor's Name			
Number of Children	3-5yrs	6-9yrs	10-12yrs	AMOUNT PAID: (\$20 per child)		Paid by: (circle one) Cash / check / w/other	

CHILDREN INFORMATION (if you have more than three children, please use an additional form): Please fully complete.

Child's Name:		Current Age:		Grade in September:	
Church Name		T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL			
Special Needs: (food allergies, medical condition, etc.):					

Child's Name:		Current Age:	
Grade in September:		T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL	
Special Needs: (food allergies, medical condition, etc.):			

Child's Name:		Current Age:	
Grade in September:		T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL	
Special Needs: (food allergies, medical condition, etc.):			

**PLEASE NOTE: Contact persons must ensure that all parents of each child in their care has completed and signed a Local Church Parental Consent Form and a Photo Release Form.
(See attached Forms. Please fill out at least one form per family.)**

CHILDREN INFORMATION (if you have more than three children, please use an additional form): *Please fully complete.*

Child's Name:	Current Age:	Grade in September:
Church Name	T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL	
Special Needs: (food allergies, medical condition, etc.):		

Child's Name:	Current Age:
Grade in September:	T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL
Special Needs: (food allergies, medical condition, etc.):	

Child's Name:	Current Age:
Grade in September:	T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL
Special Needs: (food allergies, medical condition, etc.):	

Child's Name:	Current Age:	Grade in September:
Church Name	T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL	
Special Needs: (food allergies, medical condition, etc.):		

Child's Name:	Current Age:
Grade in September:	T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL
Special Needs: (food allergies, medical condition, etc.):	

Child's Name:	Current Age:
Grade in September:	T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL
Special Needs: (food allergies, medical condition, etc.):	

Child's Name:	Current Age:	Grade in September:
Church Name	T-shirt size: (Circle one) Youth: XS S M L XL Adult: XS S M L XL	
Special Needs: (food allergies, medical condition, etc.):		



Christian Education Ministry
Child Photo Release Form

The Eastern New York General Assembly of the Church of God (ENYGA) occasionally has the opportunity to use photos to promote special events, programs, children's activities and other activities. Uses might include a video presentation, display board, newsletter, website, press releases, etc. No names will be used on the website or in press releases.

I give the Eastern New York General Assembly of the Church of God permission to include my child(ren) _____

_____ in photographs, video

presentations, newsletters, website, and/or any other multi-media representation for expressly informational or promotional purposes only.

Signature of Parent or Legal Guardian

Date