



**HOLY TEMPLE CHURCH**

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*God's Royal Children Ministry  
Enrollment Form*

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Date of Birth: \_\_\_\_\_

**Child's Information:**

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child's Physical Address \_\_\_\_\_ City \_\_\_\_\_ State NC Zip \_\_\_\_\_

**Family Information:**

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Child lives with: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_

Address (if Different from child) \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

Father's /Guardian Name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

Name of School Child Attends \_\_\_\_\_

Child's current grade as of application date \_\_\_\_\_

Does child have any learning disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Contacts:**

Generally any child will be released only to parents or guardian listed above. The child can also be released to the following individuals, as authorize by the person who signs this application. In the event of emergency, if the parents/guardian cannot be reached, the facility has permission to contact the following individuals:

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Name	Relationship	Address	Cell Number
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Name	Relationship	Address	Cell Number
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Name	Relationship	Address	Phone Number
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Are there any child health care needs such as allergies, asthma, or other chronic conditions that require specialized care? \_\_\_ Yes \_\_\_ No If yes, please describe below and attach a list of those to the application.

List any allergies and the symptoms and the type of response required for allergic reaction:

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List any health care needs or concerns, symptoms of any type of response for these health care needs or concerns:

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List any fear or unique behaviors characteristic the child has:

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List type of medication taken for health care needs:

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Share any other information that will assure the safe medical treatment of the child

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#### **PARENT STATEMENT AND AUTHORIZATION**

I certify that I am the parent/guardian of the child listed above. I authorize the child to enroll in this Holy Temple Church Children's ministry. I also authorize the **Children's Church Ministry** to obtain medical attention for my child in the event of an emergency.

Parent

Signature \_\_\_\_\_

Date \_\_\_\_\_