



**YOUTH REGISTRATION FORM**

**Return this form to Minister Shenita Thomas at [stomas@mtolivebc.org](mailto:stomas@mtolivebc.org).**

**The information contained herein is for CONFIDENTIAL USE ONLY**

**Please PRINT Clearly**

Child's Full Name \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

Preferred Name \_\_\_\_\_ Age at Enrollment (Years & Months) \_\_\_\_\_

Gender  M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1 Full Name \_\_\_\_\_

Address (If different from child's address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian #2 Full Name \_\_\_\_\_

Address (If different from child's address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian with Legal Custody  Both  Parent #1  Parent #2

Person(s) Authorized to Pick Up Child (18 Years or Older)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Note: Only persons authorized by the parents will be allowed to pick up your child. Prior arrangements MUST be made IN PERSON at drop off by the child's parent/guardian and approved by MOBC Youth Ministry. All persons authorized above to pick up your child must present valid government ID to verify identity.

Does your child have any allergies? Please list all:

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Special instructions in case of an allergic reaction:

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Does your child have any other medical conditions: \_\_\_\_\_

CONSENT TO MEDICAL CARE AND TREATMENT

I hereby give permission that my child may receive emergency First Aid and/or CPR treatment by a qualified staff member at Mt. Olive Baptist Church. I agree NOT to hold Mt. Olive Baptist Church and its volunteers or employees liable or legally responsible for any medical accidents that may occur.

Yes  No

My child may be photographed or videotaped by a qualified staff member at Mount Olive Baptist Church for display in the church's promotional materials, on the bulletin board and website for arts and crafts projects, for identification and for distribution to each child's parent. No photograph or video recording will be sold or used for commercial purposes.

Yes  No

Parent/Guardian #1 (Print Name) \_\_\_\_\_

Parent/Guardian #1 (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian #2 (Print Name) \_\_\_\_\_

Parent/Guardian #2 (Signature) \_\_\_\_\_ Date \_\_\_\_\_