



Journey Registration 2018-2019

Wednesdays 6:30-8:00

Parent/Guardian Name(s): _____ E-mail: _____

Address: _____

Phone #: _____ Landline Mobile (please circle one) Text okay? Y/N

Emergency # & Contact Name: _____

Child's Name (First & Last)	Grade	Birthday (MM/DD/YY)	Allergies/Medical

For Journey we are asking for a \$30 per child (\$75 max per family) donation to help pay for the crafts and supplies used during the year. Scholarships are available.

Do you give Elim staff permission to use photographs and/or video of my child for advertising, promotion, or other ministry related purposes? Y/N

Other individuals authorized to pick up my child from Elim: _____

Medical Release: In the event of an emergency, I give Elim staff permission to obtain medical care for my child if I cannot be reasonably reached.

Signature of parent/legal guardian **date**

Office Use Only: Entered _____
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