

Lincoln Evangelical Free Church

2018—2019 Registration Form



Name(s): _____ Current Grade: _____ Birthdate: _____

Parent/Guardian: _____ Number of people in household _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Home Church: _____

Emergency Contact: _____

Phone: _____ Cell: _____

Allergies: _____

I give permission for my child(ren) to participate in the LEFC Kids' Club program.
I also give LEFC Kids' Club program staff permission to obtain medical treatment for my child if necessary.
I understand that every effort will be made to contact me if necessary.



I grant LEFC the right to take photographs of the children listed above. I authorize LEFC to use and publish the same in print and/or electronically. I agree that LEFC may use such photographs with or without names and for any lawful purpose, including publicity, illustration, advertising, and web content

Printed name: _____ Date _____

Signature of parent or guardian _____