



cornerstone  
CHRISTIAN CHURCH

TODAY'S DATE \_\_\_\_\_

BEEPER NUMBER \_\_\_\_\_

- I AM VISITING CORNERSTONE for today only.  
 I MAY ATTEND more than once; please add me to your database.

**PRIMARY CONTACT INFORMATION**

Last Name	Home Phone	Email Address	
Address		City, State, Zip	
Dad's Name	Cell Phone Number	Cell Phone Provider	
Mom's Name:	Cell Phone Number	Cell Phone Provider	
<b>If you are not the primary guardian registering this family, please specify:</b>			
Name		Relationship to Child	
Home Phone		Email Address	

**CHILD'S INFORMATION**

Child #1 Name	Date of Birth	Age	Current Grade (if applicable)
Gender	Medical Problem / Allergies		

Child #2 Name	Date of Birth	Age	Current Grade (if applicable)
Gender	Medical Problem / Allergies		

Child #3 Name	Date of Birth	Age	Current Grade (if applicable)
Gender	Medical Problem / Allergies		

**AUTHORIZATION | RELEASE OF LIABILITY**

If it becomes necessary to provide emergency care for your child, effort will be made to contact the parent or caregiver. Cornerstone Christian Church, its staff or volunteers cannot assume responsibility for any injury or damage which may occur in connection with a program or activity.

**I UNDERSTAND** that in the event medical treatment or other services are required, the Cornerstone Christian Church staff and volunteers are hereby empowered to authorize those services deemed necessary. **I UNDERSTAND** by registering my child, photos and/or videos may be taken for promotion. **IF I DO NOT AGREE** with this statement, **I WILL NOTIFY** the Cornerstone Christian Church Kids' Ministry Director. **BY SIGNING BELOW, I AM IN AGREEMENT WITH THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date