



2535 Hickory Grove Rd
Acworth, GA 30101

CHILD REGISTRATION FORM

PARENT/GUARDIAN 1: _____

PHONE # _____ EMAIL: _____

DOES THIS PARENT LIVE AT ADDRESS BELOW? Y or N

PARENT/GUARDIAN 2: _____

PHONE # _____ EMAIL: _____

DOES THIS PARENT LIVE AT ADDRESS BELOW? Y or N

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

(1) CHILD'S NAME: _____

DOB _____ AGE: _____ GRADE: _____ MALE / FEMALE

ALLERGIES/SPECIAL NEEDS: _____

(2) CHILD'S NAME: _____

DOB _____ AGE: _____ GRADE: _____ MALE / FEMALE

ALLERGIES/SPECIAL NEEDS: _____

(2) CHILD'S NAME: _____

DOB _____ AGE: _____ GRADE: _____ MALE / FEMALE

ALLERGIES/SPECIAL NEEDS: _____

** By registering my child/ren for Arise:Life Children, I understand that my child's image may be photographed, filmed and be used in video, print, and websites pertaining to Arise:Life, Inc.

** I authorize my child/ren to participate in all approved class activities, games, snacks, etc. at Arise:Life Children.

** In the event of an emergency, I authorize all Arise:Life volunteers and staff to secure proper and necessary medical first aid treatment or call for emergency medical response for my child/ren.

** By giving my email address, I understand that I will be added to the Arise:Life mailing database. Arise:Life will not sell or give your personal information to third parties.

SIGNATURE: _____ DATE: _____