



CHRISTIAN SERVICE BRIGADE

Last initial

Bethlehem Church, An Evangelical Free Church, 758 Route 10, Randolph, NJ 07869;
973-366-3434; www.bethlehemchurch.org

REGISTRATION FORM

Fill out 1 form per family. Please print.

Treeclimbers _____

Stockade _____

Battalion _____

Parents/Guardian Name: _____

Telephone: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Email: _____ Church Attending: _____

Currently living with: Father & Mother Father Mother Guardian

School Attending: _____ Grade: _____

Emergency Medical Information:

Name of Child	Birthdate	Date of Last Tetanus	Special Issues of which we should be aware: (such as allergies, medical needs, custodial instructions, etc.) IF YOU NEED MORE SPACE USE OTHER SIDE

Emergency Contact: _____

Relationship: _____

Phone: _____ Cell: _____

Preferred Hospital: _____

Pediatrician / Primary Care Physician: _____

Medical Insurance Carrier: _____ Policy # _____

Group #: _____ ID Number: _____

Name of Policy Holder: _____

We/I, the undersigned, as Parent(s) or legal guardian(s) do provide the above information to Bethlehem Church in order that quick attendance can be given in the event of the need for emergency medical attention.

Signed: _____ Date: _____