

Register me for Time Lab!

Child's name _____

Gender: Male ___ Female ___ Birthdate ___ / ___ / ___ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____

Copyright © 2018 Answers in Genesis. Limited license to copy.

Register me for Time Lab!

Child's name _____

Gender: Male ___ Female ___ Birthdate ___ / ___ / ___ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____

Copyright © 2018 Answers in Genesis. Limited license to copy.

Register me for Time Lab!

Child's name _____

Gender: Male ___ Female ___ Birthdate ___ / ___ / ___ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____

PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for _____
CHURCH NAME

to record sounds, images, or video of my child _____
NAME

while attending *Time Lab*. I also give permission for _____
CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by _____
CHURCH NAME

in relation to *Time Lab*.

PARENT/GUARDIAN SIGNATURE

DATE