Register me for Time Lab!

Gender: Male Female _				
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 Expl	ain			
Child's name			Time Lab!	
Gender: Male Female _				
	Birthdate	//		
Address				
AddressParents/Guardian		City	Grade completed State	Zip
		City	Grade completed State _ Home phone	Zip
Parents/Guardian	Cell phone	City	Grade completed State Home phone Email	Zip
Parents/Guardian	Cell phone	City	Grade completed State State Home phone Email	Zip
Parents/Guardian Work phone Emergency contact	Cell phone	City	Grade completed State State Home phone Email Phone	Zip
Parents/Guardian Work phone Emergency contact Relationship to child	Cell phone	City	Grade completed State State Home phone Email Phone	Zip

Medical concerns Y__ N__ Explain ____

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 YNList_				
Medical concerns Y N Expla	in			
I hereby grant permission for	PERMISSION TO			
			CHURCH NAME	
to record sounds, images, or video	of my child		NAME	
while attending <i>Time Lab.</i> I also give permission forCH			CHURCH NAI	ME
at its sole discretion, to use these	sounds, images, or	videos in publ	ications (including print, web	sites, and social media
platforms) owned by			CH NAME	
in relation to Time Lab.		GIION	CILINAIVIE	
PAREN	IT/GUARDIAN SIG	NATURE		DATE