

# NEWCOMER FORM



**CHILD'S NAME** \_\_\_\_\_

First

Last

Date of Birth

**ADDRESS** \_\_\_\_\_

City

State

Zip

**EMAIL** \_\_\_\_\_

**PHONE** \_\_\_\_\_

This will be used to send emails, upcoming events, & newsletters.

Please list all pertinent medical and psychological history that your child may have (i.e. asthma, ADHD) and all visits to the emergency room.

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Does your child have any food or medicine allergies?  
Please describe.

Is your child taking any medications?  
Please list.

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Mobile phone number to get a hold of you during service. **Please keep it on vibrate.**

Person to contact if you cannot be reached.

**PHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**PERMISSION/AUTHORIZATION & WAIVER OF LIABILITY**

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Please read the following statements carefully and **initial** in the designated space indicating that you have read, understand, and agree.

**RESPONSIBILITY**

I will assume all responsibility of the child named above before the Children’s Ministry service and after service.

I have fully disclosed all pertinent facts about my child’s needs and accept full responsibility for missing information.

**RELEASE**

I understand the nature of the program and do hereby release Ekko Church and its representatives from any liability due to accident or injury incurred by my child.

I understand that photos and videos may be taken of my child at Children’s Ministry events, which may be used by Ekko Church for future promotional purposes.

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I have read and initiated the above permission/authorization statements and agree to the terms designated in each space.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_