



September 28-May 16

Wednesday Nights, 6:30-8:00 p.m.
Students 3 years old thru 6th Grade

\$30 per child; \$90 family max

(Uniforms and books not included in registration)

Riverpark Bible Church
7500 N Millbrook, Fresno 93720
559.435.0190

Child's Name: _____ Preferred Name: _____

Age: _____ Date of Birth: _____ Grade: _____

School Attending in the Fall: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Father's Name: _____ Mother's Name: _____

Child Lives With: _____ Home Church: _____

Family Email Address: _____

Emergency Contact (other than parents): _____ Phone#: _____

Riverpark Bible Church Medical Release

This child has a known health condition: _____ If yes, please list the details of health condition
(including allergies to specific medication): _____

Name of Medical Insurance: _____ Insurance ID #: _____

Preferred Family Physician: _____ Phone #: _____

Preferred Family Dentist: _____ Phone #: _____

Preferred Hospital: 1) _____ 2) _____

CONSENT FOR MEDICAL TREATMENT (minor): As the parent or legal guardian of the above-named child, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. This authorization will stand until revoked by me in writing.

Signature of Parent of Guardian: _____ Date: _____

Photo Release

I give my permission for photographs/video of my child to be used by Riverpark Bible Church.

Signature of Parent or Guardian: _____ Date: _____