

Welcome to **HOPE CITY**

*We're glad you are here!
Tell us a little about yourself:*

NAME: _____

AGE: _____

BIRTHDAY: _____

ADDRESS: _____

PARENT/GUARDIAN: _____

PHONE: _____

ALLERGIES OR MEDICATIONS THAT WE
SHOULD BE AWARE OF:

___ I will be transporting my child to and from
Hope Church.

___ I give my permission for my child to be
transported by Hope Church staff.

Parent/Guardian Signature

Date



CONSENT & RELEASE

I, THE PARENT AND/OR GUARDIAN, OF:

_____,
CONSENT TO THE FOLLOWING
STATEMENTS:

___ I do give my consent for my child's picture to be used on Hope Church's social media sites and website and agree that the first name can be attached to any and all photos.

___ I DO NOT give my consent for my child's picture to be used on Hope Church's social media sites and website.

___ I do give consent to Hope Church staff to transport my child to locations other than church property. Examples of this include, but are not limited to, parks and local restaurants.

___ I DO NOT give consent to Hope Church staff to transport my child to locations other than church property. Examples of this include, but are not limited to, parks and local restaurants.

___ I agree to hold Hope Church and its staff harmless and release Hope Church and its staff any and from all liability that may arise. I understand that Hope Church and its staff try to the best of their ability to ensure a safe environment for all children.

DATED:

PARENT/GUARDIAN SIGNATURE:

Contact Info:

hopecity@hopeapostolic.net

Church: 701-252-5951

Greg Boles: 701-269-3588

Melea Boles: 701-269-7494

1201 6th Ave SE, Jamestown