

**PRAISE HIM MINISTRIES
RIDGWAY CHRISTIAN YOUTH CENTER**

**120 Redcliff Drive
Ridgway, CO 81432
970-626-5243**

Child's Name: _____ **Birthday:** _____

Parent / Guardian Information:

Name: _____

Cell Phone Number: _____ **Work Phone Number:** _____

Address: _____

Email address: _____

Name: _____

Cell Phone Number: _____ **Work Phone Number:** _____

Address: _____

Email address: _____

Emergency Contact: (If parents cannot be reached)

Name: _____ **Phone Number:** _____

Address: _____

Name: _____ **Phone Number:** _____

Address: _____

Persons authorized to pick up child (other than parents listed above):

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Any allergies (food, medicine, etc.) or health information we should be aware of:

Any other information we should know:

PICTURES: We, on occasion, use the child's pictures in our newsletters, on our website, for advertising, etc. If you do not want your child's picture published, please sign below.

I do not wish for my child's picture to be used in any publication as stated above.
