



# Truth Transformation Worship Center

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Dr. Roderick S. Hawthorne, Senior Pastor \* Pastor Crystal W. Hawthorne, First Lady

## Kingdom's Kids Ministry – Child Profile Form

Please complete this form to submit your child's profile information.

Date of today: \_\_\_\_\_

<b>Child's Full Name:</b> _____ <b>Present Address:</b> _____ <b>Child's Birth Date:</b> _____ <b>As of today, Child's Age:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Parent / Legal Guardian Name:</b> _____ <b>Address</b> (if different from child's): _____ <b>Telephone #:</b> Home: _____ Work: _____ Cell: _____ <b>Email Address:</b> _____

Other than parent/guardian in case of an emergency, notify:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Does your child have any allergies?  Yes  No If yes, please list all allergies \_\_\_\_\_

Are there any special needs that your child may have?  Yes  No If yes, please explain \_\_\_\_\_

Your child enjoys: \_\_\_\_\_

### **PARENTAL PERMISSION FOR TREATMENT / LIABILITY RELEASE / PHOTO RELEASE:**

I, \_\_\_\_\_ (parent/legal guardian's name), do hereby give consent for \_\_\_\_\_ (child's name) to participate in Truth Transformation Worship Center Kingdom Kids ministry activities. My permission is granted for the staff personnel or other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Truth Transformation Worship Center (collectively the "Church") from any and all claims, demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored children's activity. I agree that Truth Transformation Worship Center may photograph and record my child's likeness and activities during church-related activities. I grant the following rights to Truth Transformation Worship Center: permission to use and re-use, publish and re-publish, and modify or alter the image(s) taken during the shoot. Use of the images for editorial, commercial, advertising, and any other purpose may be done in any means now existing or subsequently developed, on the church website and on the internet, and worldwide in infinity for the purposes stated above.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I have legal capacity to sign the release.

Parent/Legal Guardian's Name (Print) \_\_\_\_\_

Parent/Legal Guardian's Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_