



Forks Community Church
2016-2017 Child Registration Form

Please print clearly. Complete a form for each child. All information will be kept confidential and shared only with those individuals who will care for your child.

Child's Name (Last, First, Middle Initial) _____

Gender: _____ Preferred Name: _____

Contact Information:

Email: _____

Home Address:

Street	City	State/Zip Code
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Phone Number: _____ Mobile Number: _____

Parent/Guardian (Last, First): _____

Parent/Guardian (Last, First): _____

Parent/Guardian address if different from child:

Street	City	State/Zip Code
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Phone Number: _____ Mobile Number: _____

Background Information:

School/District: _____ Grade: _____

Birthday (mm/dd/year): _____ Current Age: _____

Allergies (include food allergies):

Medications: _____

Behavior Concerns: _____

Other Concerns: _____

Hobbies and Interests: _____

Talents: _____

Spiritual Concerns: _____

Dismissal:

Who is allowed to pick up your child after class?

Please specify name & relationship: _____

Is there someone your child is *not* allowed to leave with due to guardian/legal issues?

If yes, please specify name & relationship: _____

- Children are not to leave by themselves from Children's Church.
- Parents or guardians must pick up their children promptly after class.

Photo Release:

I do NOT want my child's picture to be taken, used in publications, or published online.

Parent Signature: _____

Date: _____