

# FCCM Kidz Family Registration

Parents and Guardians, this form will be used to register your child(ren) in FCCM Kidz, at First Christian Church. It is your responsibility to notify the church of any change in information. Please fill out completely.

New Registration     Renewal Registration     Change of Information

## Parent/Guardian

First Name	Last Name	Birthday (m,d,y)	Relationship to Child(ren)	Phone/Cell Number(s)

## CHILDREN (BIRTH THROUGH 4<sup>TH</sup> GRADE)

First Name	Last Name	Boy/Girl	Birthday (m,d, y)	Age	Grade	Medicine Taken	Allergies and Medical Concerns/special instructions (This Information Will Appear On Name Badge)	Code #(office only)

Parents' address \_\_\_\_\_

Home Phone \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_

Child's address (if different) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## MEDIA RELEASE

I, the undersigned parent/guardian of the above named child(ren) or ward, hereby give the express consent for this child(ren) to participate in media sources, such as photographs, videotapes, newspaper, brochures, website, etc. I, the understand parent/guardian of the above child(ren) further agree to exonerate and indemnify First Christian Church and its employees from any and all claims, action judgments, which may arise from media release.

\_\_\_ Yes, I give permission for media release    \_\_\_ No, I do **not** give permission for media release (“No Picture” will appear on name badge)

Parent or Guardian Signature \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Date \_\_\_\_\_ (Please complete both sides of the form)

Please list the names of all people (other than parent/guardian above) authorized to pick up your child(ren). **Drivers license required for ID.**

<b>Name:</b>	<b>Phone# Cell#</b>	<b>Relationship of Child</b>
<b>Name:</b>	<b>Phone# Cell#</b>	<b>Relationship of Child</b>
<b>Name:</b>	<b>Phone# Cell#</b>	<b>Relationship of Child</b>
<p><b>Emergency Contact:</b> List the name of a person you want to be contacted in the event of an emergency/illness if the parent/guardian cannot be reached. The person listed should be able to assist in locating the parent/guardian or must be able to take responsibility for the child in cases where the parent/guardian cannot be located. This person also has my permission to pick up my child(ren) in the even of an emergency. <b>Drivers license required for identification.</b></p>		
<b>Name:</b>	<b>Phone# Cell#</b>	<b>Relationship of Child</b>

**Parent or Guardian Signature** \_\_\_\_\_ **Relationship to Child(ren)** \_\_\_\_\_

**Date** \_\_\_\_\_

## FCCM Kidz Information Form

Please complete {PRINT} the following:

Today's Date: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ [mm/dd/yy]

Nickname: \_\_\_\_\_ Gender:  M  F Are you?  Single  Married  Divorced  Widowed

Spouse's Name: \_\_\_\_\_

Spouse Attend FCCM?  Yes  No

Spouse's Birth date: \_\_\_\_\_ [mm/dd/yy]

Date of Marriage \_\_\_\_\_ [mm/dd/yy]

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ [home] \_\_\_\_\_ [work] \_\_\_\_\_ [cell]

Email [primary]: \_\_\_\_\_ Email [secondary]: \_\_\_\_\_

Names of Family Members in Your Home	Relationship	Birth Date	Family Member Attends FCCM?		
			Worship	Youth/Children's Program	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What first brought you to FCCM [check all that apply]?

- A friend or family member invited me.
- I found FCCM in the phone book.
- Other- please explain: \_\_\_\_\_
- The sign out front attracted me.
- I found FCCM on the web

Are you involved in Small Group?  Yes, Leader's Name \_\_\_\_\_  No

Do you serve in any FCCM ministers?  Yes [Please list on the line below] \_\_\_\_\_  No  No, but I'd like to be.

Do you lead any ministry?  Yes Ministry[ies]: \_\_\_\_\_  No

## Thank You!

**Privacy Policy:** FCCM Christian Church will never sell, lease or rent your confidential information. We will always endeavor to take steps to assure that any information you provide to us will remain secure. [Form 8/6/09]

Medical/Allergy note addendum to Family Registration

I, the undersigned parent/guardian of \_\_\_\_\_ have decided to remove the special note from the nametag of the above named child. I realize that this means that the staff and servant leaders caring for my child will not know of any conditions. I, the undersigned parent/guardian of the above named child further agree to exonerate and indemnify the First Christian Church and its employees from any and all claims, actions, judgments which may arise from removing this Medical/Allergy note from the above named child's nametag.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_