



# Faith Kids Registration

We are out-of-town visitors    Looking for a church home    We are regular attenders

Date/Service: \_\_\_\_\_  6PM    9AM    10:30AM    12PM    Celebrate Recovery

## Step 1: Family Information


Parent/Guardian 1	_____	Last Name	_____
D.O.B	_____	Relationship to Child	_____
Contact Number: _____		E-Mail _____	
Parent/Guardian 2	_____	Last Name	_____
D.O.B	_____	Relationship to Child	_____
Contact Number: _____		E-Mail _____	

## Step 2: Address Information (Primary Resident of Child)


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

City \_\_\_\_\_ State / Zip Code: \_\_\_\_\_

## Step 3: Tell us about your kids!

	<b>First and Last Name:</b> _____	D.O.B	_____	Age	_____
<input type="radio"/> Female <input type="radio"/> Male	Grade: _____	Allergies:/Special Needs: _____			
	<b>First and Last Name:</b> _____	D.O.B	_____	Age	_____
<input type="radio"/> Female <input type="radio"/> Male	Grade: _____	Allergies:/Special Needs: _____			
	<b>First and Last Name:</b> _____	D.O.B	_____	Age	_____
<input type="radio"/> Female <input type="radio"/> Male	Grade: _____	Allergies:/Special Needs: _____			
	<b>First and Last Name:</b> _____	D.O.B	_____	Age	_____
<input type="radio"/> Female <input type="radio"/> Male	Grade: _____	Allergies:/Special Needs: _____			

## Step 4: Photo Release & Signature

 I hereby grant permission to Faith Christian Community to use my child's photograph for publication in official church publications in any lawful manner deemed appropriate for promotional purposes.    Yes    No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature