| Name of ChurchChurch Addressfamily registration form |
| --- |
| The information on this form is confidential and will not be given out without your consent. We collect your personal information only to provide the services which you have requested and to provide you with information about name of church. |
| **personal Information** |
| Family Last Name:  |
| Father’s Name: | Mother’s Name: |
| Child(ren) lives with: | Both Parents □ | Mother only □ | Father only□ | Guardian□ |
| Address: |
| City: | Postal Code: |
| Phone No. | Email: |
| BC Health Card No. |
|  |
| **emergency contact(s)** |
| Name(s): |
| Relationship to Child(ren) | Phone No. |
|  |
| **church affiliation** |
| Name of Church: |  |
| Regular Attendee: | Yes □ | No □ |
| We are new to (name of church) and are looking for more information about your programs for families. Would you please contact us. |  □ |
| We are just visiting (name of church). |  □ |
| Service Preference: | (time) □ | (time) □  |
|  |
| **child(ren)’s Information** |
| **Child’s Name** (first/last) | **Age** | **Grade** | **Birthdate**mm/dd/yy | **Important Info:**Allergies/Medical/PertinentInformation | **Tag No. Issued***(office use onl*y) |
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| **CONSENT** |
| We/I hereby give our/my permission to (name of church) to have pictures taken of our/my child(ren) for general record keeping use within the facility, on the church website, and in church publications (i.e. bulletins, newsletters, etc.). |
|  Initials: |
|  |
| ***office use only*** |
| Date of Registration: | Data Entered □ |  |