



Faith Community
FELLOWSHIP
TO KNOW, GROW IN, AND SERVE JESUS CHRIST

Children's Ministry Registration

Child Name: _____

Birthdate: _____ Grade _____

Allergies/Medical: _____

Child Name: _____

Birthdate: _____ Grade _____

Allergies/Medical: _____

Child Name: _____

Birthdate: _____ Grade _____

Allergies/Medical: _____

Child Name: _____

Birthdate: _____ Grade _____

Allergies/Medical: _____

Parent Name: _____

Address: _____

Phone/Cell Number: _____ Emergency Number _____

I hereby GRANT DO NOT GRANT (Choose One)

Permission to use pictures of my child/children on FCF's Children's Ministry FACEBOOK and/or FCF's website.

Parent/Guardian Signature _____

First Time Visitor

YES NO

List of people allowed to pick up your child, please include parent's names.
