



F C B C Walnut – Children’s Ministry Activities – Registration Form

FCBC WALNUT
children's
MINISTRY

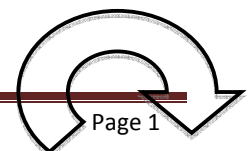
PARENT INFO	Last Name	First Name	Cell Phone	E-Mail	Interest to Volunteer (Y/N)
Mother					
Father					
Other _____					
Home Address				City/Zip Code	
Your Home Church		<input type="checkbox"/> None <input type="checkbox"/> FCBC Walnut Canto/Eng/Mand _____		<input type="checkbox"/> Your Church _____	

Your Children	Child 1	Child 2	Child 3	Child 4
Last Name				
First Name				
Birthdate (mm/dd/yy)				
Grade				
Male / Female (M/F)				
Health Insurance Co. <small>(If none, write "none")</small>				
Policy Number				

CHILD’S MEDICAL HISTORY	<i>Check box <input type="checkbox"/> if your child has any of the following.</i>			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
List allergies and/or allergic Reactions (if none, write "none")				
List any medications taking now (if none, write "none")				

OFFICE USE ONLY - Activities	Child 1	Child 2	Child 3	Child 4
SS/Children Worship				
RA/GA (Grades 1 to 5)				
Paid: Amount & Type of Payment				
Acknowledgement <small>To Be Signed by Parent</small>				
Basketball (Grades 1 to 5)				
Paid: Amount & Type of Payment				
Acknowledgement <small>To Be Signed by Parent</small>				
Bible Drill (Grades 3 to 5)				
Acknowledgement <small>To Be Signed by Parent</small>				

Turn Page Over



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***** For Safety Reasons *****

When Nursery or Preschool child is in class, parent(s) must attend the worship service, Sunday School or small group. Parents must not loiter on the church premises or drop off Nursery or Preschool child and then leave the church premises.

_____ **Parents acknowledge that this church is not a licensed childcare facility.**

Initials

Emergency Medical Release:

Should it be necessary for my child to have medical treatment while participating in the church activity, I give the adult in charge permission on my behalf to secure hospitalization or medical services deemed necessary by the physician. I absolve said church and its personnel from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that FCBC Walnut has no medical insurance and any medical costs shall be my sole responsibility.



Photo Release: I hereby give permission for photographs of my child to be used for church promotions in print and/or on the internet.

Please Check Box

Signed X _____ Print Name _____ Date _____
Parent or Guardian