

Welcome to Family Bible Church!

Please take a moment to complete this form so that we may know your family better.

Child's Name _____ Age _____ DoB _____ Grade _____

Allergies? (circle) YES NO If yes, please list: _____

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Allergies? (circle) YES NO If yes, please list: _____

Child's Name _____ Age _____ DoB _____ Grade _____

Allergies? (circle) YES NO If yes, please list: _____

Child's Name _____ Age _____ DoB _____ Grade _____

Allergies? (circle) YES NO If yes, please list: _____

Parent Name(s) _____

Email addresses _____

Mailing Address _____

Cell numbers _____

Would you like to be added to our Children's Ministry email list? YES

I grant permission for pictures that include the children listed above *without any personal identifiers* to be published on the FBC webpage. (Policy available upon request.) YES NO

We will be inputting the above information into our secured check-in system in order to expedite your future check-in. (Information is not publicly shared.) If you do not permit us to do so, please check here: NO

Anything you would like to share about your children to help us best support them?

Signature of Parent/Guardian: _____

Date: _____