

# Family In Christ CHILDREN'S MINISTRIES PARTICIPANT DATA FORM (PDF)

## FAMILY INFORMATION

First Name      Last Name      Street Address      City      Zip      Phone      E-mail      Cell Phone

Mother \_\_\_\_\_

Father \_\_\_\_\_

Church Home \_\_\_\_\_

\_\_\_ I would like more information about Family In Christ Community Church

\_\_\_ I would like to volunteer to help with: group leader    activity leader    snacks/food preparation    administrative    "behind the scenes"    decorations    event planning

## CHILDREN

	<u>First Name</u>	<u>Last Name</u>	<u>M/F</u>	<u>Birth date</u>	<u>Grade</u>	<u>School</u>	<u>Allergies</u>	<u>Friends your child likes to be grouped with</u>
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____

## EMERGENCY INFORMATION

### Emergency Contact

NAME	RELATIONSHIP	PHONE NUMBER	CELL PHONE
_____	_____	_____	_____

### Pediatrician

NAME	PHONE NUMBER	ADDRESS
_____	_____	_____

### Insurance

CARRIER	POLICY NUMBER	PHONE NUMBER
_____	_____	_____

## CONSENT

In the event that my child, listed above, becomes ill or sustains an injury on any authorized activity of Family In Christ Community Church, I, the undersigned, give permission to FIC staff to take whatever steps are necessary to stop any bleeding and to administer first aid. In the event that I cannot be reached, I consent to the emergency treatment for my child which may include emergency care, hospital care, and the administration of drugs or medications to be rendered to my child upon the advice of a duly licensed physician and/or surgeon. I will not hold Family In Christ Community Church, it's staff, nor it's volunteers liable in the event of injury or illness involving my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ This form will remain in effect for 1 year, unless information changes.

Anything else we should know? (such as toileting needs, medical needs, eating habits, behavioral needs, people authorized to pick up your children)