

Fill out ONE form per child



Child and Student Registration Form

Child/Student Information

Parent/Guardian Information

Name: _____
Grade: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Date of Birth: _____

Do you have a Facebook account?

Yes No

Name of School: _____

Name of School District: _____

Activities (clubs, sports, music, arts, etc.):

Allergies: _____

Health Notes: _____

Special Needs: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Employer Phone: _____

Primary Contact: _____

Emergency Contact: _____

Phone Number: _____

other authorized person(s) to pick up child:

1. _____

2. _____

Do you use Facebook? Yes No

Initial here if you give permission for photographs taken of your child/student to be used by Country Club Christian Church. _____

Initial here if you give permission for your child/student to ride with Country Club Christian Church staff or verified volunteer. _____

List any questions or comments you may have for Country Club Christian Church child/student staff: _____

Parent/Guardian Signature: _____