



Concord Kids Registration Form

Today's Date: ____-____-____

Father/Guardian 1

Father/Guardian Name: _____ DOB: ____-____-____

Street Address: _____

City, State, Zip: _____

Cell: _____ Home: _____

Email: _____

Would you like to receive updates by email and/or text? Text Email Neither

Mother/Guardian 1

Mother/Guardian Name: _____ DOB: ____-____-____

Street Address: _____

City, State, Zip: _____

Cell: _____ Home: _____

Email: _____

Would you like to receive updates by email and/or text? Text Email Neither

Anniversary Date: ____-____-____

Additional People Who Can Check Your Child(ren) : _____

The Following May NOT Check-Out Your Child(ren): _____

Are you currently attending or a member of another church? Yes No

If yes, name of church: _____

How did you hear about Concord? **Billboard** **Website** **Social Media**

Newspaper **Invitation** **Other:** _____

General Medical Information

In the event of an emergency requiring immediate medical attention, may we treat your child(ren) with basic first aid and call an ambulance if deemed necessary?

Yes No Signature: _____

See back for individual child's information

Activity and Photo Release

I, _____, hereby remise, release, and forever discharge Concord Baptist Church, it's agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands by giving Concord Baptist Church my permission to use my picture, my name, a video of myself or my child(ren) name, video and picture on the Church Website or future printed publications.

____ Yes ____ No Parent Signature _____

Please provide information for each child in your household participating in our elementary age program!

Child's Full Name: _____

Boy: _____ Girl: _____ Age: _____ DOB: _____ - _____ - _____

Grade: _____ School Name: _____

Allergies: _____

Are there any special needs or situations that we need to know for us to best take care of your child?

Child's Full Name: _____

Boy: _____ Girl: _____ Age: _____ DOB: _____ - _____ - _____

Grade: _____ School Name: _____

Allergies: _____

Are there any special needs or situations that we need to know for us to best take care of your child?

Child's Full Name: _____

Boy: _____ Girl: _____ Age: _____ DOB: _____ - _____ - _____

Grade: _____ School Name: _____

Allergies: _____

Are there any special needs or situations that we need to know for us to best take care of your child?

Thank you so much! – Concord Kids Team