

**FAMILY INFORMATION**

Today's Date: \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Preferred Phone \_\_\_\_\_  Home Phone  Mom's Cell  Dad's cell

2nd Phone \_\_\_\_\_  Home Phone  Mom's Cell  Dad's cell

Are there any custody concerns?  Yes  No (If yes, you will be contacted for further information)

Attends with (if not parents) \_\_\_\_\_

**Photos and/or video footage may be taken to show others the ministry in action and for possible use in future promotional materials. I hereby grant permission to Williamsburg Community Chapel to use my daughter's/son's photograph and/or video on the Williamsburg Community Chapel website and on any other materials designed to promote Williamsburg Community Chapel.**

- I agree to the use of my child's photograph and/or video.
- I do not agree to the use of my child's photograph and/or video.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD ONE:** First and Last Name \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

List any food allergies, health, or behavioral concerns: \_\_\_\_\_

Does your child have an IEP/IFSP and/or special needs?  Yes  No (If yes, please briefly explain and someone from our special needs ministry will be in contact to see how we can best include your child.)

**CHILD TWO:** First and Last Name \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

List any food allergies, health, or behavioral concerns: \_\_\_\_\_

Does your child have an IEP/IFSP and/or special needs?  Yes  No (If yes, please briefly explain and someone from our special needs ministry will be in contact to see how we can best include your child.)

**CHILD THREE:** First and Last Name \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

List any food allergies, health, or behavioral concerns: \_\_\_\_\_

Does your child have an IEP/IFSP and/or special needs?  Yes  No (If yes, please briefly explain and someone from our special needs ministry will be in contact to see how we can best include your child.)

*(Additional children on back)*

**REGISTRATION INFORMATION**

First-Time Visitor Date \_\_\_\_\_  9 a.m. Service  11 a.m. Service

Second-Time Visitor Date \_\_\_\_\_  9 a.m. Service  11 a.m. Service

Register child(ren) as a regular attendee in:  9 a.m. Service  11 a.m. Service

For 4<sup>th</sup> and 5<sup>th</sup> Graders only — My child can administer a self check-out:  Yes  No

office use:  ACS  Robly  Photo

**CHILD FOUR:** First and Last Name \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

List any food allergies, health, or behavioral concerns: \_\_\_\_\_

Does your child have an IEP/IFSP and/or special needs?  Yes  No (If yes, please briefly explain and someone from our special needs ministry will be in contact to see how we can best include your child.)

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**CHILD FIVE:** First and Last Name \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

List any food allergies, health, or behavioral concerns: \_\_\_\_\_

Does your child have an IEP/IFSP and/or special needs?  Yes  No (If yes, please briefly explain and someone from our special needs ministry will be in contact to see how we can best include your child.)

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**CHILD SIX:** First and Last Name \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

List any food allergies, health, or behavioral concerns: \_\_\_\_\_

Does your child have an IEP/IFSP and/or special needs?  Yes  No (If yes, please briefly explain and someone from our special needs ministry will be in contact to see how we can best include your child.)

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