



REGISTRATION

PLEASE FILL OUT ONE FORM PER STUDENT

How did you hear about FBC's CHAMPs Children's Ministry?: _____

Name _____
Parent's Name (if a student or student leader) _____

Address _____

City _____ Zip _____
Home Phone () _____ Parent Work Phone () _____

Parent Cell Phone () _____ Parent Email _____

Male Age _____

Female Birthday _____ / _____ / _____

Grade entering in Fall _____ T-shirt size _____

Are there other family members involved in Kid's Quest or Breakout? If so, please list: _____

Emergency Contact (other than a parent) _____

Relationship _____ Phone () _____

Health concerns or allergies (please list all): _____

VERY IMPORTANT - PLEASE READ AND COMPLETE

May we have permission to photograph your child?	Yes _____	No _____
May we use your child's photograph on our website?	Yes _____	No _____
May we use your child's photograph in our publications?	Yes _____	No _____