

CCC Family/Child Information

Date: _____

Father/Guardian: _____

Mother/Guardian: _____

Email: _____

Phone (home):

Father/Guardian Cell:

Mother/Guardian Cell:

Address:

Emergency Contact Name/Phone:

Relationship of the Emergency Contact:

Are there adults who may regularly pick up your children? Yes / No

Names of those who can pick up my children in my absence:

Is there anyone who should be denied access to your child(ren)? If yes, please list:

Child(ren) Information

Child 1 Name: _____

Gender: Male / Female

Birthdate: _____

Current Age: _____

Current Grade: _____

School: _____

Allergies, Medical needs, Separation Anxiety or Special Instructions:

Child 2 Name: _____

Gender: Male / Female

Birthdate: _____

Current Age: _____

Current Grade: _____

School: _____

Allergies, Medical needs, Separation Anxiety or Special Instructions:

Child 3 Name: _____

Gender: Male / Female

Birthdate: _____

Current Age: _____

Current Grade: _____

School: _____

Allergies, Medical needs, Separation Anxiety or Special Instructions:

Child 4 Name: _____

Gender: Male / Female

Birthdate: _____

Current Age: _____

Current Grade: _____

School: _____

Allergies, Medical needs, Separation Anxiety or Special Instructions:

Volunteering

Because we believe that kids are a worthy investment and play a vital role in our community, we strive to make sure that they have the quality and consistency of care that they need and that our most faithful workers are not over-taxed. As a community of parents, we have committed to cooperate together in this effort by volunteering 1x per 2 months. A background check will be completed.

Choose a service role:

____ Nursery (Birth to 2 years old)

____ Discovery Kids (3 years to 5 years old)

____ Super Church (6 years old to 12 years old)

Publicity

I grant Celebration Community Church to use pictures of my child(ren) on their website or other media publications.

____ Yes ____ No Parent/Guardian Signature: _____

Additional Information:
