



# Children's Registration Form Nursery - 5th grade

List additional children on back of form

## General Information

Today's Date	First Time Guest?	Yes	No	Service Attending	9:30 am	11 am
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## Child's Information

First Name	Middle Name	Last Name		
Street Address	City	State	Zip Code	
Birth date	Age	Gender	Male	Female
School Child Attends	Grade (2022-2023 School Year)			
Parent or Guardian First Name	Last Name	Email Address		
Parent or Guardian First Name	Last Name	Email Address		
Sunday Morning Cell#/Name	Mom Cell #	Dad Cell #		
Emergency phone number:	Relation to child:			

## Medical History

Are there any allergies that we need to be aware of? (Please pick up an allergy pack)

Are there any special considerations that we need to be aware of (medical, social or physical)?

## Activities Release Form

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_  
 (Hereinafter referred to as "minor") a minor, hereby acknowledge that said minor is presently under my care and custody. I hereby give said minor permission to go to and participate in any and all KidsZone & Route 54 activities of Christian Fellowship Church in Ashburn, Virginia (hereinafter referred to as "church"). In the event of an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the church, its representatives, or trip leaders to make decisions to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I agree to allow Christian Fellowship Church to use any photographic image of the minor taken while participating in the activity. These images may be used in promotions or other related marketing materials. Additionally, CFC has my permission to store a photo of my child(ren) on the Arena check-in system for identification purposes. I, the undersigned parent and/or guardian of said minor do release, acquit, discharge, and covenant to hold harmless the church, its representatives, from any and all actions, damages, and liabilities arising out of any accident or sickness, or treatment thereof, Incurred by said minor during church activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Additional Child's Info

First Name	Middle Name	Last Name
Birth date	Age	Gender      Male      Female
School Child Attends		Grade (2022-2023 School Year)
Are there any allergies that we need to be aware of? (Please pick up an allergy pack)		
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**Christian Fellowship Church**  
44505 Atwater Drive  
Ashburn, VA 20147  
703-729-3900  
www.cfcwired.org

For Office Use Only:	
Date Received: _____	Registered: _____
Follow Up: _____	Letter Mailed: _____