

NEW CREATION CHILDREN & YOUTH COUNCIL FAMILY REGISTRATION FORM

Mother/Guardian/Relationship: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Cell Phone: () _____ Email: _____

Father/Guardian/Relationship: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Cell Phone: () _____ Email: _____

Emergency Contact: _____ Phone: () _____

Persons authorized to pick up your child:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Is there any restraining order or custody situation that we should be aware of? _____ Yes _____ No

If yes, please give details _____

STUDENT INFORMATION (Please print clearly)

1st Child's Name: _____ Nickname: _____ Youth Email _____

Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____

All Allergies: _____ Medical Diagnosis/Medication: _____

Accepted Christ as Savior? _____ Yes _____ No Date of Baptism: _____

2nd Child's Name: _____ Nickname: _____ Youth Email _____

Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____

All Allergies: _____ Medical Diagnosis/Medication: _____

Accepted Christ as Savior? _____ Yes _____ No Date of Baptism: _____

3rd Child's Name: _____ Nickname: _____ Youth Email _____

Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____

All Allergies: _____ Medical Diagnosis/Medication: _____

Accepted Christ as Savior? _____ Yes _____ No Date of Baptism: _____

4th Child's Name: _____ Nickname: _____ Youth Email _____

Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____

All Allergies: _____ Medical Diagnosis/Medication: _____

Accepted Christ as Savior? _____ Yes _____ No Date of Baptism: _____

****Please include information for additional children on the back of this form***

Parent/Guardian's Signature: _____ Date: _____

5th Child's Name: _____ Nickname: _____ Youth Email _____
Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____
All Allergies: _____ Medical Diagnosis/Medication: _____
Accepted Christ as Savior? ___ Yes ___ No Date of Baptism: _____

6th Child's Name: _____ Nickname: _____ Youth Email _____
Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____
All Allergies: _____ Medical Diagnosis/Medication: _____
Accepted Christ as Savior? ___ Yes ___ No Date of Baptism: _____

7th Child's Name: _____ Nickname: _____ Youth Email _____
Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____
All Allergies: _____ Medical Diagnosis/Medication: _____
Accepted Christ as Savior? ___ Yes ___ No Date of Baptism: _____

8th Child's Name: _____ Nickname: _____ Youth Email _____
Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____
All Allergies: _____ Medical Diagnosis/Medication: _____
Accepted Christ as Savior? ___ Yes ___ No Date of Baptism: _____

9th Child's Name: _____ Nickname: _____ Youth Email _____
Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____
All Allergies: _____ Medical Diagnosis/Medication: _____
Accepted Christ as Savior? ___ Yes ___ No Date of Baptism: _____

10th Child's Name: _____ Nickname: _____ Youth Email _____
Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____
All Allergies: _____ Medical Diagnosis/Medication: _____
Accepted Christ as Savior? ___ Yes ___ No Date of Baptism: _____

11th Child's Name: _____ Nickname: _____ Youth Email _____
Youth Phone: _____ Date of Birth _____ Age _____ Grade _____ School: _____
All Allergies: _____ Medical Diagnosis/Medication: _____
Accepted Christ as Savior? ___ Yes ___ No Date of Baptism: _____