



Rock Brook for Kids Registration

School Year: **2019-2020**

****Should we need to contact you during service:**

We will text you if you provide a contact cell number and carrier below or...

if you see "**RBfK # (your tag number)**" displayed in the upper left hand corner of the screen in the Worship Center. Please go to your child's classroom.

Cell # _____ **Carrier** _____
(Please remember to turn your phone to vibrate only)

Guardian One: _____ **Relationship to Child:** _____

Email: _____

Phone: (____) _____ Cell Home Carrier: _____

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

CHILDREN'S INFORMATION

Child's First & Last Names	**Check box for special Considerations**	Gender	Date of Birth MM/DD/YY	Grade / Level /	School (As of 9/01/2019)
	*YES/NO	M / F		/	
	*YES/NO	M / F		/	
	*YES/NO	M / F		/	
	*YES/NO	M / F		/	

**** A Special Consideration Form must be completed for all Allergies, Medical Concerns, Disabilities, or Special Needs.**

PLEASE NOTE: Registration in Rock Brook for Kids (RBfK) programs gives consent for your child / children to be photographed and/or videotaped and their image and/or voice to be used for ministry and activity reports and promotion in print, on screen, and on Rock Brook Church or RBfK official web sites.

Guardian One's Signature: _____ Today's Date: _____

How did you hear about Rock Brook Church? _____

Guardian Two: _____ **Relationship to Child:** _____

Relationship to Guardian One: _____

Email: _____

Phone: (____) _____ Cell Home Carrier: _____

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

(Only if different from Guardian One)

Church Office Use Only: Initials: _____

1st time visitor Occasionally attends Regularly attends

Saturday: 5:00 pm 6:30 pm Sunday: 9:00 am 10:15 am 11:30 am

Growth Track Celebrate Recovery KSG Special Service: _____