



Rock Brook for Kids Registration

School Year: **2023-2024**

****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 your "pickup tag number" displayed in red in the boxes on either side of the stage, 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 9/01/2023)
	*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 Sunday: 9:30 am 11:00 am

Growth Track Celebrate Recovery KSG Special Service: _____