



Rock Brook for Kids Registration

School Year: **2024-2025**

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

Your "pickup tag number" will be displayed in red in the boxes on either side of the stage, please go to your child's classroom.

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

Email: _____

Phone: (____) _____ Cell Home Carrier: _____

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

CHILDREN'S INFORMATION

Child's First & Last Names	**Special Considerations (REQUIRED)	Gender	Date of Birth MM/DD/YY	Grade / Level /	School (As of 9/01/2024)
	*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: _____