

PHYSICIAN & INSURANCE INFORMATION:

Doctor: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Company: _____

Policy & Group#: _____

Insurance Phone#: _____

PERMISSION FOR PUBLICITY OR NEWS:

My child/ren may be photographed for publicity, web or news purposes.

Yes No

Please initial the statements below, sign and date at the bottom.

_____ I understand that the above information will be used only for information purposes and to provide the best care and safety for my child/ren at Monmouth Christian Church. This information will be kept confidentially and will not be sold or given to any other agency, corporation, or entity with out my express written consent.

_____ All information is correct to the best of my ability and it is my responsibility to update this information as it becomes necessary.

_____ I give MCC permission to contact me or the above listed contacts regarding my child/ren's health and well-being in the case of an emergency.

Parent/Guardian's Signature

Date

Please return this form to: Monmouth Christian Church

For office use only:

Date received: _____ Date processed: _____

Family Ministries

at Monmouth Christian Church



Family Information

We are here to keeping our families connected and growing!

All information is kept confidential and is used to help keep our families connected and growing.

PARENT/GUARDIAN INFORMATION:

Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Home Work

Cell Phone: _____

Members: Yes No Father DOB ___/___/___ Mother DOB ___/___/___

Marital Status: Single Married ___/___/___ Widowed
 Divorced Separated

CHILDREN'S INFORMATION:

1st Child (First, MI, Last): _____

Date of Birth: _____ Age: _____ Boy Girl

Child's Nickname: _____ Use Nickname?: Yes No

Baptized?: Yes No If Yes, when: _____

Grade: _____ School: _____

2nd Child (First, MI, Last): _____

Date of Birth: _____ Age: _____ Boy Girl

Child's Nickname: _____ Use Nickname?: Yes No

Baptized?: Yes No If Yes, when: _____

Grade: _____ School: _____

3rd Child (First, MI, Last): _____

Date of Birth: _____ Age: _____ Boy Girl

Child's Nickname: _____ Use Nickname?: Yes No

Baptized?: Yes No If Yes, when: _____

Grade: _____ School: _____

4th Child (First, MI, Last): _____

Date of Birth: _____ Age: _____ Boy Girl

Child's Nickname: _____ Use Nickname?: Yes No

Baptized?: Yes No If Yes, when: _____

Grade: _____ School: _____

SPECIAL NEEDS/HEALTH CONCERNS:

Child: 1 2 3 4 5 Please describe need/concern and ways to help your child to his/her full potential: _____

PARENT/GUARDIAN VOLUNTEER QUESTIONNAIRE:

I would like to assist my child/rens ministry in the following areas: (check all that apply, underline area of interest)

- | | |
|--|--|
| <input type="checkbox"/> Nursery Coordinator | <input type="checkbox"/> Nursery Volunteer Birth-2 years |
| <input type="checkbox"/> Nursery Volunteer 2's & 3's | <input type="checkbox"/> Kingdom Kids Teacher/Assist. |
| <input type="checkbox"/> Classroom Teacher/Assistant | <input type="checkbox"/> Hall Supervisor during Services |
| <input type="checkbox"/> F.R.O.4G. (Friends Reaching Others for God) | <input type="checkbox"/> Wed. Family Team Member |
| <input type="checkbox"/> Jr. High Youth Mentor SS/YG | <input type="checkbox"/> Sr. High Youth Mentor SS/YG |
| <input type="checkbox"/> Jr./Sr. High Sponsor | <input type="checkbox"/> Event Coordinator (1 event) |
| <input type="checkbox"/> Event Setup or Take Down | <input type="checkbox"/> Cleaning/Maintenance |
| <input type="checkbox"/> Other: _____ | |

Best time & phone number for contact: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell Phone: _____

Does this person also have permission to pick your child up from events or in case of emergency? Yes No