

**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

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. <sub>4</sub> G. (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