



Children Information

Child's Name (English): _____

Date of Birth : _____ Grade: _____

Language your child most comfortable with:

English Mandarin Cantonese Other _____

Program Information

Register the child to *(Please check all apply)*:

Sunday 1st Session (9:30 – 10:45 am)

Nursery 1st Children's Sunday School

Sunday 2nd Session (11:00 am – 12:15 pm)

Nursery 2nd Children's Sunday School

Friday (7pm – 8:30 pm)

Awana

Parents Information

Father's Name (English): _____

Is father a Christian? Yes No

Mother's Name (English): _____

Is mother a Christian? Yes No

Phone: _____

Address: _____

Email address: _____

Emergency Information

First Emergency Contact Person (English) _____

Phone : _____

Second Emergency Contact Person (English) _____

Phone: _____



Medical Information

Medical Insurance Carrier: _____ Policy #: _____

Medical Center: _____ Location: _____

Allergies/ Other health concerns:

Medical restrictions or allergic reactions due to medications:

Medical Authorization

Should it be necessary for my child to have medical treatment while participating in a church activity, I hereby give the person in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve the church from any and all forms of negligence and wrong treatment incurred in the procurement and process of the hospitalization and medical treatment.

In addition, I will not hold the Frisco Community Bible Church, its pastoral staff, deacon board, counselors, and any volunteer leader, responsible in the event of any other emergency involving my child.

Notes:

- 1) This form is renewed on a yearly basis. It is effective from September 1st, 2022 to August 31st, 2023. However, if any changes occur throughout the year a new form must be completed.
- 2) This medical authorization will be used only if parents or guardians cannot be reached during a medical emergency.

Parent's or Guardian's Signature

Date