

# 2023 -24 cbckidz Family Registration

Parent(s) Name(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Primary Phone # \_\_\_\_\_

Parent Secondary Phone # \_\_\_\_\_



**Include all children from infant - 5<sup>th</sup> Grade.**

<b>Child's Name</b>	<b>DOB</b> mm/dd/yy	<b>Grade as of Aug. 2023</b> (N, PS, K, 1, 2, 3, 4, 5)	<b>Allergies*</b> yes or no	<b>Med. Needs*</b> yes or no	<b>Special Needs*</b> yes or no
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**\*If allergies, special medical conditions or special needs exist, please describe on page 2.**

**Photo Release:** Occasionally during cbckidz sponsored activities, staff or volunteers will be taking photos and videos of the various activities as well as group photos from each class. These photos may be used for a slide show presented during the cbckidz quarterly updates for the Cornerstone congregation. Some of the photos & video may be used on the Cornerstone Bible Church website and/or social media sites. However, the children will not be identified in the photos or video clips. Check **yes** & initial to grant permission to use your child(ren)'s photos or **no** and initial to withhold permission. \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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If you indicated an allergy, medical need or special need on page 1, use this side to give detailed information. Provide any information that would help cbckidz to better serve you and your child.

Child's Name \_\_\_\_\_  
Parent(s) Name(s) \_\_\_\_\_  
Emergency # \_\_\_\_\_



1. Emergency information that needs to appear on child's sticker (Ex. Severe allergy to nuts!):

\_\_\_\_\_  
\_\_\_\_\_

2. Other information directors/teachers need to be aware of, but that **does not need to/should not** appear on sticker.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all who are allowed to pick up your child other than you. Also, list their relationship to your child.  
(Example: John Doe - Dad) From nursery thru the 1<sup>st</sup> grade, children are required to be picked up by parents.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date