

## Household Information for First Time Visitors

Parent/Guardian: \_\_\_\_\_ Parent /Guardian: \_\_\_\_\_

Gender: M / F Relation to Child(ren): \_\_\_\_\_ Gender: M / F Relation to Child(ren): \_\_\_\_\_

DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Household Phone: \_\_\_\_\_

Household E-mail: \_\_\_\_\_

Y / N I would like to receive emails from the Children's Department at CBC

### Photo/Video Release:

Please read below and initial the line that applies:

\_\_\_\_\_ As the legal parent or guardian of the minor child(ren) named below, I hereby grant Community Bible Church (CBC) the unrestricted right to create, modify, copy, publish, display, and otherwise use photographs and videos of the children for any lawful purpose and I hereby release CBC and its agents and representatives from any and all liability related to such use.

\_\_\_\_\_ Please do not create, modify, copy, publish, display, or otherwise use photographs of videos of my children without my prior permission.

Parent/Legal Guardian Printed Name \_\_\_\_\_

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

Relation to minor(s) \_\_\_\_\_ Date \_\_\_\_\_

### Child(ren)'s Information:

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Space for Additional Children  
on Reverse Side

The logo for CBC Kids features the letters 'CBC' in a large, bold, orange font with a blue outline. To the right of 'CBC', the word 'KIDS' is written in a blue, blocky font with a yellow outline. The letters are slightly shadowed, giving them a 3D appearance.

**More Children's Information:**

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

