

Welcome!

Date: ____/____/____



TELL US ABOUT YOUR KID

Kid's Full Name: _____ Gender: Male Female

Kid's Birthday: ____/____/____ Grade: _____ Elementary School: _____

Allergies/Other Helpful Information: _____



TELL US ABOUT YOU

Your Name _____

Married Single Divorced

I am... Parent Grandparent

Friend Other

Street Address: _____

City, State, Zip: _____

Email: _____

Best number to reach you: _____

Service Hour: 8:00 AM 9:30 AM 11:15 AM
 Saturday 5:00 PM

This is my first time I am visiting from out of town

Military Family

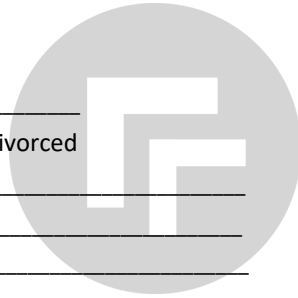


PHOTO RELEASE

I grant to FishHawk Fellowship Church, it's representatives, and employees the right to take photographs, video, and/or electronic images of any member of my family in our Family Ministries environments. I authorize FishHawk Fellowship Church to copyright use, and publish the photographs, video, and/or electronic images in print and/or electronically—with or without names—for any lawful purpose to highlight and promote our Family Ministries environments. My signature below indicates that I have read and understand the above statement of release.

Parent Signature: _____

Emergency Contact: Name _____

Phone Number: _____

Additional Child

Kid's Full Name: _____ Gender: Male Female
Kid's Birthday: ____/____/____ Grade: _____ Elementary School: _____
Allergies/Other Helpful Information: _____

Kid's Full Name: _____ Gender: Male Female
Kid's Birthday: ____/____/____ Grade: _____ Elementary School: _____
Allergies/Other Helpful Information: _____

Kid's Full Name: _____ Gender: Male Female
Kid's Birthday: ____/____/____ Grade: _____ Elementary School: _____
Allergies/Other Helpful Information: _____
