

# First Time Family Form



Today's Date \_\_\_\_\_

AT LIFE CHANGING CHURCH

Edgerton Campus       Angola Campus

5:00 PM       9:00 AM       11:00 AM

Please print NEATLY and fill out this form COMPLETELY

	Child's Name (First & Last)	Birthdate (MM/DD/YY)	Gender (M/F)	Grade	Allergies/Special Needs (ie ADHD, Foods, Meds)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

## Parent/Guardian Information

The following should be completed to indicate any parent/guardian within the household that are authorized to check-in and pick up the child(ren) listed.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Are you a parent/legal guardian?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Are you a parent/legal guardian?  Yes  No

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are those named above as parent/guardian married?  Yes  No

*Media Opt-Out: Your child participating in KidzWorld indicates an agreement that their image and digital likeness could be used in our promotional materials including print and digital media. If you would like to opt out, please initial here. \_\_\_\_\_*