



cornerstone

New Family Registration

Form entered in CCB (Office Only)

Service: 9am	10:45am	<input type="checkbox"/> Just visiting for today.	<input type="checkbox"/> May come again.	Date: / /
Parent's name*:		Cell phone:		Provider:
Spouse's name:		Cell phone:		Provider:
Address:				Email:
City/State/Zip Code:				Email:

Child's name:		2 nd child's name:		3 rd child's name:	
Birthdate: / / gender: M F		Birthdate: / / gender: M F		Birthdate: / / gender: M F	
<input type="checkbox"/> birth-24 months	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> birth-24 months	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> birth-24 months	<input type="checkbox"/> 5 th grade
<input type="checkbox"/> 24-36 months	<input type="checkbox"/> 6 th grade	<input type="checkbox"/> 24-36 months	<input type="checkbox"/> 6 th grade	<input type="checkbox"/> 24-36 months	<input type="checkbox"/> 6 th grade
<input type="checkbox"/> 3 years old	<input type="checkbox"/> 7 th grade	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 7 th grade	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 7 th grade
<input type="checkbox"/> Pre-K	<input type="checkbox"/> 8 th grade	<input type="checkbox"/> Pre-K	<input type="checkbox"/> 8 th grade	<input type="checkbox"/> Pre-K	<input type="checkbox"/> 8 th grade
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 9 th grade	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 9 th grade	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 9 th grade
<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 10 th grade	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 10 th grade	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 10 th grade
<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 11 th grade	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 11 th grade	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 11 th grade
<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 12 th grade	<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 12 th grade	<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 12 th grade
<input type="checkbox"/> 4 th grade	<input type="checkbox"/> college aged	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> college aged	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> college aged
Any food allergies?		Any food allergies?		Any food allergies?	
Does your child receive any special services at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		Does your child receive any special services at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		Does your child receive any special services at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	

Additional children can be entered on the back.

AUTHORIZATION | RELEASE OF LIABILITY

If it becomes necessary to provide emergency care for your child, effort will be made to contact the parent or caregiver. Cornerstone Christian Church, its staff or volunteers cannot assume responsibility for any injury or damage which may occur in connection with a program or activity. I UNDERSTAND that in the event medical treatment or other services are required, the Cornerstone Christian Church staff and volunteers are hereby empowered to authorize those services deemed necessary. I UNDERSTAND by registering my child, photos and/or videos may be taken for promotion. IF I DO NOT AGREE with this statement, I WILL NOTIFY the Cornerstone Christian Church Family Ministry Director. BY SIGNING BELOW, I AM IN AGREEMENT WITH THE ABOVE STATEMENTS.

Signature of Parent or Legal Guardian

Date

Child's name:		Child's name:		Child's name:	
Birthdate: / / gender: M F		Birthdate: / / gender: M F		Birthdate: / / gender: M F	
<input type="checkbox"/> birth-24 months	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> birth-24 months	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> birth-24 months	<input type="checkbox"/> 5 th grade
<input type="checkbox"/> 24-36 months	<input type="checkbox"/> 6 th grade	<input type="checkbox"/> 24-36 months	<input type="checkbox"/> 6 th grade	<input type="checkbox"/> 24-36 months	<input type="checkbox"/> 6 th grade
<input type="checkbox"/> 3 years old	<input type="checkbox"/> 7 th grade	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 7 th grade	<input type="checkbox"/> 3 years old	<input type="checkbox"/> 7 th grade
<input type="checkbox"/> Pre-K	<input type="checkbox"/> 8 th grade	<input type="checkbox"/> Pre-K	<input type="checkbox"/> 8 th grade	<input type="checkbox"/> Pre-K	<input type="checkbox"/> 8 th grade
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 9 th grade	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 9 th grade	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 9 th grade
<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 10 th grade	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 10 th grade	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 10 th grade
<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 11 th grade	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 11 th grade	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 11 th grade
<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 12 th grade	<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 12 th grade	<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 12 th grade
<input type="checkbox"/> 4 th grade	<input type="checkbox"/> college aged	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> college aged	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> college aged
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*If you are not the parent registering this family, please provide the information below.

Name:	Cell phone:	Provider:
Email:		Relationship to child(ren):