CHECK-IN
Date Turned In: _____
Reviewed By: _____

Redeemer's Church Family Registration

Kidz' Name (First & Last)		Birth Date	*Level (check one per child)	Allergies	School
	☐ Male ☐ Female	/ /	☐ Nursery ☐ Toddler ☐ Preschool ☐ Pre-K ☐ Grade:_____		
	☐ Male ☐ Female	/ /	☐ Nursery ☐ Toddler ☐ Preschool ☐ Pre-K ☐ Grade:_____		
	☐ Male ☐ Female	/ /	☐ Nursery ☐ Toddler ☐ Preschool ☐ Pre-K ☐ Grade:_____		
	☐ Male ☐ Female	/ /	☐ Nursery ☐ Toddler ☐ Preschool ☐ Pre-K ☐ Grade:_____		
	☐ Male ☐ Female	/ /	☐ Nursery ☐ Toddler ☐ Preschool ☐ Pre-K ☐ Grade:_____		

**** Nursery (0-18mos); Toddler (18mos—2 1/2 yrs); Preschool (2 1/2 –4 yrs.); PreK (4+ yrs.); Grade (K-5th)***

Full Name of : **FATHER**		Full Name of : **MOTHER**		Full Name of : **OTHER/Relationship**	
*** Cell #**	***Email Address**	*** Cell #**	***Email Address**	*** Cell #**	***Email Address**

Primary Address of Kidz (Street/City/State/Zip) **Home Phone Number**

Is there any restraining order or custody situation that we should be aware of?

Medical/Liability Release

I, the undersigned parent/guardian do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care to which the physician/dentist in their best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I hereby waive any claim against Redeemer's Church also known as Reedley First Baptist Church.

Parent/Guardian's Signature _____ **Date** _____

Photo/Video Release

Photos may be taken and videos may be produced and used for future publicity. By initialing below, you are giving permission for your child to be included in the production of photo and video.

INITIAL HERE _____

Redeemer's CHURCH

OFFICE ONLY
☐ Data date/initial _____ ☐ Corr. ☐ Fwd FS

OPTIONAL (Please check if interested)

☐ I am interested in receiving more information about possibly serving in the following areas within Kidz Ministries (check all that apply):

☐ Nursery-PreK ☐ Sunday Mornings
☐ K-5th Grade ☐ Wednesday Nights

**Note: We have a variety of roles within Children's Ministries. We will contact you with more details.*