

Faith Outreach Christian Life Center (FOCLC) Children Church (CC)

Physical Address: 2664 Willis Foreman Road, Hephzibah, Georgia 30815

Mailing **Address:** Post Office Box 1109, Hephzibah, Georgia 30815

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Web Page: www.foclc.org E-mail: foclc@aol.com

(ONE PER CHILD)

Please check all that apply. I am registering my child for:

Sunday Morning 8:30am Sunday Morning 10:00am
 Wednesday. morning 11am Wednesday Night 7pm

Child's Name: Last: _____ First: _____

Name by which your child likes to be called: _____ *Age: _____ M / F

Date of Birth: (MM/DD/YY) ____/____/____ *2007-2008 Class/Grade: _____

***Note:** 2 year old class through 4&5 year old class is based on age at **September 1st** cutoff.

Severe Food or other Allergies: _____

Medical conditions of which we need to be aware: _____

Other information we should know about your child: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

City: _____

City: _____

Zip: _____

Zip: _____

Home Phone #: _____

Home Phone #: _____

Work / Cell Phone: _____

Work / Cell Phone: _____

Email: _____

Email: _____

Child Lives With: _____

Family Doctor and Phone Number: _____

In case of an emergency, contact: _____ Phone: _____

For legal reasons, are there any people who are **not** authorized to sign your child out? (If yes, please name them)

In case of an emergency where I cannot be reached, I hereby authorize the Children's Ministry staff to administer needed first aid or to seek medical attention for my child.

SIGNATURE OF PARENT / GUARDIAN

DATE

"FOCLC routinely photographs and videographs events for use on our webpage, newsletters, etc."