



NEW KID REGISTRATION

(BIRTH - 5TH GRADE)

Please fill in ALL information and write legibly.

Parents/Guardians:

Is this your first time attending church at Flatirons? YES NO

ADULT INFO

(ADULT 1) FIRST & LAST NAME: (Relationship to child)
 MOM DAD
 OTHER: ()

(ADULT 2) FIRST & LAST NAME: (Relationship to child)
 MOM DAD
 OTHER: ()

Street Address:

City:

State: Zip:

Email: (ADULT 1): _____

(ADULT 2): _____

Would you like to receive Campus Newsletters? YES NO

Would you like to receive Parent Newsletters? YES NO

*CELL PHONE: (ADULT 1)

*CELL PHONE: (ADULT 2)

Today's Date:

Please Note: By registering your child you give Flatirons Community Church permission to use photos, video, and audio captured by our staff that may include your child.

CHILD INFO

check if not in immediate family

Child's FIRST & LAST NAME: Female Male

Child's D.O.B.: Age: Grade:

Allergies/Special needs?

Child's sticker #

CHILD INFO

check if not in immediate family

Child's FIRST & LAST NAME: Female Male

Child's D.O.B.: Age: Grade:

Allergies/Special needs?

Child's sticker #

CHILD INFO

check if not in immediate family

Child's FIRST & LAST NAME: Female Male

Child's D.O.B.: Age: Grade:

Allergies/Special needs?

Child's sticker #

For office use only:

Campus Service Time New Family Entered into Rock Initials
