

*The information on this form is confidential and will not be given out without your consent. We collect your personal information only to provide the services which you have requested and to provide you with information about Yarrow Alliance Church.*

## FAMILY INFORMATION

Family Name (Last) \_\_\_\_\_

First Names (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_

Child(ren) lives with:     Both Parents             Mother only             Father only             Guardian

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Regular Attendee:     Yes     No

We are new to Yarrow Alliance Church and are looking for more information about your programs for families, please contact us.

We are just visiting Yarrow Alliance Church

Emergency Contact(s) \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_ Phone \_\_\_\_\_

Child's name (first and last name)	Age	Grade	Birthdate (mm/dd/yr)	BC Care Card #

\*PLEASE NOTE any allergies/medical or other vital information and indicate which child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I/We hereby give my/our permission to **Yarrow Alliance Church** to have pictures taken of my/our child(ren) for general record keeping use within the facility, on the church website, and in church publications (i.e. bulletins, newsletters, etc.).*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ (Signature/Name).

OFFICE USE ONLY	Information recorded <input type="checkbox"/> by (name)
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