



# Rock Brook for Kids Registration

School Year: **2025-2026**

**\*\*Should we need to contact you the during service:**

***Your “pickup tag number” will be displayed in red in the boxes on either side of the stage, please go to your child’s classroom.***

**Guardian One:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CHILDREN'S INFORMATION

Child's First & Last Names	<b>**Special Considerations (REQUIRED)</b>	Gender	Date of Birth MM/DD/YY	Grade / Level /	School (As of 9/01/2025)
	*YES/NO	M / F		/	
	*YES/NO	M / F		/	
	*YES/NO	M / F		/	
	*YES/NO	M / F		/	

**\*\* A Special Consideration Form MUST be completed for all Allergies, Medical Concerns, Disabilities, or Special Needs.**

**PLEASE NOTE:** Registration in Rock Brook for Kids (RBfK) programs gives consent for your child / children to be photographed and/or videotaped and their image and/or voice to be used for ministry and activity reports and promotion in print, on screen, and on Rock Brook Church or RBfK official web sites.

Guardian One's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you hear about Rock Brook Church? \_\_\_\_\_

**Guardian Two:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Relationship to Guardian One: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Only if different from Guardian One)

**Church Office Use Only: Initials:** \_\_\_\_\_

☐ 1<sup>st</sup> time visitor ☐ Occasionally attends ☐ Regularly attends

Saturday: 5:00 pm Sunday: 9:30 am 11:00 am

☐ Growth Track ☐ Celebrate Recovery ☐ KSG ☐ Special Service: \_\_\_\_\_