

<input type="checkbox"/> Enter New Family
<input type="checkbox"/> Add Child to Existing Family
<input type="checkbox"/> Change to Family Information
<input type="checkbox"/> Authorization

Redding Christian Fellowship

Child(ren)'s Name

Please include the entire family on one form.

CKM Staff Use Only

	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>DOB</u>	<u>GRADE</u>	<u>M/F</u>	<u>SCHOOL NAME</u>	<u>BK#</u>	<u>CLASS-ROOM</u>
1								
2								
3								
4								
5								

Specific Medical Concerns

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MEDICAL CONCERN</u>

Person Checking in Child(ren)

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE #</u>	<u>RELATIONSHIP TO CHILD</u>	<u>ATTENDS RCF?</u>

Child(ren) live with: ___ Both Parents ___ Father ___ Mother ___ Grandparents
 ___ Other (if Other, what is relationship?) _____

Child(ren)'s Parents/Guardians

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE #</u>	<u>RELATIONSHIP TO CHILD</u>	<u>ATTENDS RCF?</u>

Individuals authorized to check child(ren) in/out:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>REGULARLY ATTENDS RCF?</u>