

# FAMILY INFORMATION UPDATE

In order to serve you better, we are performing an information update to our People records for accuracy. **Please PRINT clearly.**



**Family Name/Surname:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Cell 1: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell 2: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Texts? Y / N Texts? Y / N

**We typically attend:** (circle all that apply) *9AM service 11AM service Wednesday Night Discipleship*

## PARENT/GUARDIAN INFO

(\*Give Last Name if different than family name)

**First Name:** \_\_\_\_\_ **Goes By:** \_\_\_\_\_  
**Middle:** \_\_\_\_\_ **Last\*:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Email:** \_\_\_\_\_  
(MM / DD / YYYY)

**First Name:** \_\_\_\_\_ **Goes By:** \_\_\_\_\_  
**Middle:** \_\_\_\_\_ **Last\*:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Email:** \_\_\_\_\_  
(MM / DD / YYYY)

## CHILD INFO

**First Name:** \_\_\_\_\_ **Goes By:** \_\_\_\_\_  
**Middle:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (2015/16 school year)  
(MM / DD / YYYY)

**School:** \_\_\_\_\_

List ANY and ALL allergies, medical, behavioral and special needs so we can best help your child.

## AUTHORIZED PICK UP PERSON(S):

The following people are authorized to check in and pick up my child(ren) for CCC services and events:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Relationship to Child: (circle one)

Aunt/Uncle Cousin Grandparent Guardian Niece/Nephew Parent Sibling Step-Parent Step-Sibling

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Relationship to Child: (circle one)

Aunt/Uncle Cousin Grandparent Guardian Niece/Nephew Parent Sibling Step-Parent Step-Sibling

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Relationship to Child: (circle one)

Aunt/Uncle Cousin Grandparent Guardian Niece/Nephew Parent Sibling Step-Parent Step-Sibling

**CHILD INFO****Please PRINT clearly.****First Name:** \_\_\_\_\_**Goes By:** \_\_\_\_\_**Middle:** \_\_\_\_\_**Grade:** \_\_\_\_\_**Birthday:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM / DD / YYYY)

(2015/16 school year)

**School:** \_\_\_\_\_**List ANY and ALL allergies, medical, behavioral and special needs so we can best help your child.****AUTHORIZED PICK UP PERSON(S):***The following people are authorized to check in and pick up my child(ren) for CCC services and events:***First Name:** \_\_\_\_\_**Last Name:** \_\_\_\_\_

Relationship to Child: (circle one)

Aunt/Uncle    Cousin    Grandparent    Guardian    Niece/Nephew    Parent    Sibling    Step-Parent    Step-Sibling

**First Name:** \_\_\_\_\_**Last Name:** \_\_\_\_\_

Relationship to Child: (circle one)

Aunt/Uncle    Cousin    Grandparent    Guardian    Niece/Nephew    Parent    Sibling    Step-Parent    Step-Sibling

**First Name:** \_\_\_\_\_**Last Name:** \_\_\_\_\_

Relationship to Child: (circle one)

Aunt/Uncle    Cousin    Grandparent    Guardian    Niece/Nephew    Parent    Sibling    Step-Parent    Step-Sibling

**CHILD INFO****Please PRINT clearly.****First Name:** \_\_\_\_\_**Goes By:** \_\_\_\_\_**Middle:** \_\_\_\_\_**Grade:** \_\_\_\_\_**Birthday:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM / DD / YYYY)

(2015/16 school year)

**School:** \_\_\_\_\_**List ANY and ALL allergies, medical, behavioral and special needs so we can best help your child.****AUTHORIZED PICK UP PERSON(S):***The following people are authorized to check in and pick up my child(ren) for CCC services and events:***First Name:** \_\_\_\_\_**Last Name:** \_\_\_\_\_

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**First Name:** \_\_\_\_\_**Last Name:** \_\_\_\_\_

Relationship to Child: (circle one)

Aunt/Uncle    Cousin    Grandparent    Guardian    Niece/Nephew    Parent    Sibling    Step-Parent    Step-Sibling

**First Name:** \_\_\_\_\_**Last Name:** \_\_\_\_\_

Relationship to Child: (circle one)

Aunt/Uncle    Cousin    Grandparent    Guardian    Niece/Nephew    Parent    Sibling    Step-Parent    Step-Sibling