

Family Information Form

Please fill out completely



Today's Date _____ 9:00 10:30 QFM Live!

Check One: Guest _____ Enroll _____

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Cell Phone _____ Text? Y/N Cell Phone _____ Text? Y/N

Email _____ Email _____

Street Address _____

City, State, Zip _____ Home Phone _____

1. Child's Full Name _____ Preferred Name _____

Date of Birth __/__/____ Age _____ Grade _____ M/F

Allergies or Health Concerns _____

2. Child's Full Name _____ Preferred Name _____

Date of Birth __/__/____ Age _____ Grade _____ M/F

Allergies or Health Concerns _____

3. Child's Full Name _____ Preferred Name _____

Date of Birth __/__/____ Age _____ Grade _____ M/F

Allergies or Health Concerns _____

Is there anyone **NOT** authorized to pick up your child(ren)? _____

- By registering my child for Quarry Bedrock Ministry, I authorize my child's image may be photographed, filmed and used in video, print and web presentations (images are taken periodically and are used for the sole purpose of giving people a representation of the Quarry Bedrock Ministry).
- By giving my email address, I understand that I will be added to Quarry's mailing list. Quarry will not give your personal information to any third parties.