



Date: _____

PARENT/FAMILY INFORMATION

Your Name: _____ Cell Phone: _____ Carrier: _____ Relationship: _____
First Name Last Name

Add'l Parent/Guardian: _____ Cell Phone: _____ Carrier: _____
First Name Last Name

Address: _____
Street City, State Zip

Email: _____

Are you a... ___ member ___ regular attender ___ visitor How did you hear about AMBC? _____

I will be attending: _____ a class _____ the main service _____ a meeting _____ a small group

AUTHORIZED PICK UP

Persons other than parents who have permission to pick up your child: _____

Relation to the children: _____

CHILDREN

1st Child: _____ / _____ / _____
First Name Last Name DOB Grade Male/female

Special Needs or Allergies: _____

2nd Child: _____ / _____ / _____
First Name Last Name DOB Grade Male/female

Special Needs or Allergies: _____

3rd Child: _____ / _____ / _____
First Name Last Name DOB Grade Male/female

Special Needs or Allergies: _____

As the parent/authorized pick up, I agree to and understand the following:

1. *Photography/video recording, which could include your children, may occur during AMKM activities.*
2. *Please inform the Director of any special arrangements your child may need.*
3. *You must present the pick up tag to the teacher in order to retrieve your child.*
4. *Self-checkin is only to be used by parents/guardians, not children.*
5. *In the case of an emergency or if we need you during the service, your 3 digit security code will flash on the screen and you will receive a text. Please keep your phone on vibrate during the service.*

Signature of Parent _____