



New Kid Registration

(birth - 5th grade)

Please fill in ALL information and write legibly.

Is this your first time at Flatirons? YES NO

ADULT INFO

FIRST & LAST NAME: (Relationship to child)
 MOM DAD
 OTHER: ()

FIRST & LAST NAME: (Relationship to child)
 MOM DAD
 OTHER: ()

Street Address:

City:

State: Zip:

Email:

*PHONE:

Today's Date:

Please Note: By registering your child you give Flatirons Community Church permission to use photos, video, and audio captured by our staff that may include your child.

CHILD INFO

Child's FIRST & LAST NAME: family guest Girl Boy

Child's D.O.B.: Age: Grade:

Allergies/Special needs?

CHILD INFO

Child's FIRST & LAST NAME: family guest Girl Boy

Child's D.O.B.: Age: Grade:

Allergies/Special needs?

CHILD INFO

Child's FIRST & LAST NAME: family guest Girl Boy

Child's D.O.B.: Age: Grade:

Allergies/Special needs?

For office use only:

Campus Service Time New Family In Database Initials
