

FBCW KIDZ SECURITY INFORMATION

Child(s) Name

Grade

Allergies

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian

Relationship

Contact #

_____	_____	_____
_____	_____	_____

Others Authorized to Pick Up Your Child

_____	_____
_____	_____

Family address: _____

Will your child(ren) be using the bus? ____ *if yes be sure you have filled out the Bus Transportation Registration form*

Parent/Guardian Signature _____ Date _____

Printed Name _____

****By signing above I understand and acknowledge that from time to time pictures taken in our Kidz Programs and may be posted on FBC Webster's Facebook page****

Please circle the Sunday programs your child will be attending



9:45am



11am



6pm