



*The Father's Child Ministry **Child** Application Packet*

Parent Permission Form

Parent/Guardian Name _____

Relationship to Child _____

Child's Full Name _____

Date of Birth _____ Grade _____ Age _____ Male/Female _____ Race _____

Address _____
Street/P.O. Box City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

I give permission:

- For my child to participate in The Father's Child Ministry
- To use my child's photograph and first name for the purpose of publicity efforts by The Father's Child Ministry
- To have my child complete questionnaires containing questions about personal interests
- For the staff of The Father's Child Ministry to visit my child at school during regular school hours
- For my child to have a mentor

Parent or Guardian Questions About Child

1. Are there any chronic health problems concerning your child that the FCM staff needs to be informed about? _____

2. What do you believe are your son or daughter's gifts and talents ? _____

3. What are some activities you feel that your son or daughter enjoy doing? _____

4. What are some areas that your child can use some help? _____

Parent/Guardian Signature _____ **Date** _____

**Consent Form for “Identifying Information” in The Father’s Child Ministry
Promotional Materials**

I, _____, hereby give my permission for The Father’s Child Ministry to use the following information: name, photograph, comments and interests. This information shall be used by The Father’s Child Ministry solely for promotional purposes.

In giving this consent, I release The Father’s Child Ministry, and their employees from any obligation or liability otherwise owed to me in connection with any personal or proprietary right I may have as a result of the sale, reproduction or use of the above referenced identifying information. This consent may be terminated at any time by me. This consent will be valid as long as the volunteer or child is actively involved in The Father’s Child Ministry.

Signature _____

The Father's Child Ministry Child Disclaimer

I _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by The Father's Child Ministry. I hereby release The Father's Child Ministry, its employees, associates, and contributors from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. I further understand The Father's Child Ministry has an "Open Door" policy which means that my son/daughter may come and go at will. Further I give permission for my child's picture to be used in any The Father's Child Ministry publication. My signature indicates that I completely understand this child disclaimer.

Parent's Signature _____ Date _____

Child Interest Questionnaire

Name: _____

1. What is your favorite subject in school? And why? _____

2. What do you want to do when you finish school? _____

3. What are your hobbies? _____

4. What do you feel are your gifts or talents?

5. What are some areas that you can use some help? _____

6. Do you have a relationship with your dad? If yes or no explain. _____

7. Do you know what it means to have personal relationship with Jesus Christ? If yes explain. _____

Mail completed application to:
The Father's Child Ministry
P.O. Box 9251
Columbus, MS 39705
662-328-3110