

# Request for Information (RFI)

## FAMILY FORM



**Please Print**

Household Last Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

All information is used to for the sole purpose of McMurray Gospel Assembly. This information will not be sold or used in any way for other solicitation, sales, or private promotional ventures.

**\*The information contained on this form is used to register your family for MGA Activities**

### Household Information

Street: \_\_\_\_\_ Main Phone #: \_\_\_\_\_  Private  
City: \_\_\_\_\_ Cell #: \_\_\_\_\_  Private  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax #: \_\_\_\_\_  Private  
Household Email: \_\_\_\_\_  Private  
Date of Family's First Visit to MGA: \_\_\_\_\_  
Church Membership Status:  Card Carrying Member/s  Regular Attendee/s  Occasionally Attend  Just Visiting  
Family Emergency Contact: \_\_\_\_\_ Relation to Family: \_\_\_\_\_  
Emergency Contact Phone #: \_\_\_\_\_  Private

\* **I/We want to be included in the MGA Family Directory:**  Yes  No (please check ONE box)  
\*\* **Please check "PRIVATE" beside any information you do NOT want to appear in the MGA Family Directory \*\***

Please list all persons living at the above address:

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

### Parent/Guardian Consent for Children (Ages 0-18)

**Are you the Legal Parent/Guardian of this child/ren?**  Yes  No - if **NO**, then who is? \_\_\_\_\_  
Parent/Guardian Contact Phone #'s: \_\_\_\_\_  Private

- I/We give consent for my/our child/ren to attend FAMILY events being sponsored by McMurray Gospel Assembly.
- In the event that he/she is injured while under the care of McMurray Gospel Assembly and its representatives and requires the attention of a doctor, I/we hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.
- I/We further agree to hold the McMurray Gospel Assembly and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.
- I/We understand the nature of the event/s and do hereby release McMurray Gospel Assembly and its representatives from any liability due to accident or injury incurred by my/our child/ren.
- I/We agree to cover all costs if my/our child/ren needs to be sent home for disciplinary reasons.
- I/We give permission to publish photographs and video of my/our child/ren to promote MGA Family ministries.
- I/We understand that this form gives consent for my/our child/ren to attend all future MGA events, and that it is my/our responsibility to contact MGA should I/we have questions regarding said events, and/or if I/we choose to withdraw our consent.**

**Legal Parent/Guardian Signature**

**Adult #1 – Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title (Pastor, Dr., Mr., Mrs., Ms.): \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Male Female (Please Circle ONE)  
Wedding Anniversary: \_\_\_\_\_ Dedication Date: \_\_\_\_\_  
Holy Spirit Baptism Date: \_\_\_\_\_ Water Baptism Date: \_\_\_\_\_  
Are you the Main Household Contact:  Yes  No – If **NO**, who is?: \_\_\_\_\_  
I/We require my/our giving's to be receipted as a "Household"  or as an "Individual"  (Check ONE box only)

**Adult #2 – Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title (Pastor, Dr., Mr., Mrs., Ms.): \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Male Female (Please Circle ONE)  
Wedding Anniversary: \_\_\_\_\_ Dedication Date: \_\_\_\_\_  
Holy Spirit Baptism Date: \_\_\_\_\_ Water Baptism Date: \_\_\_\_\_

**Child #1 – Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Gender: Male Female (Please Circle ONE) Father's Name: \_\_\_\_\_  
Grade & School: \_\_\_\_\_ Dedication Date: \_\_\_\_\_  
Allergies/Medical Concerns/Special Needs: \_\_\_\_\_

**Child #2 – Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Gender: Male Female (Please Circle ONE) Father's Name: \_\_\_\_\_  
Grade & School: \_\_\_\_\_ Dedication Date: \_\_\_\_\_  
Allergies/Medical Concerns/Special Needs: \_\_\_\_\_

**Child #3 – Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Gender: Male Female (Please Circle ONE) Father's Name: \_\_\_\_\_  
Grade & School: \_\_\_\_\_ Dedication Date: \_\_\_\_\_  
Allergies/Medical Concerns/Special Needs: \_\_\_\_\_

**Child #4 – Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Gender: Male Female (Please Circle ONE) Father's Name: \_\_\_\_\_  
Grade & School: \_\_\_\_\_ Dedication Date: \_\_\_\_\_  
Allergies/Medical Concerns/Special Needs: \_\_\_\_\_

**Child #5 – Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Gender: Male Female (Please Circle ONE) Father's Name: \_\_\_\_\_  
Grade & School: \_\_\_\_\_ Dedication Date: \_\_\_\_\_  
Allergies/Medical Concerns/Special Needs: \_\_\_\_\_