



# KFN Day Camp Leader's Registration

Register by Mail: KFN 3404 Conway St. Dallas, TX 75224

Pay by Phone: 214.302.6335  
Fax: 214.302.6228

Leaders' Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="checkbox"/> I am the Children's Pastor		
Home Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: (____) _____	Cell Phone: _____	
Email: _____		

### Church Info.

Church Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 Sr. Pastor: \_\_\_\_\_  
 Registering for Session A (June 28-July 2)  or Session B (July 5-9)  or Both Sessions

### Medical Information

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Do you carry family medical/ hospital insurance? Yes  No   
 Carrier name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Group policy number: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_  
 List any diseases, physical or mental limitations/restrictions, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 List any current medications and their purpose: \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies (Food, Medical, Insects, etc.) \_\_\_\_\_  
 \_\_\_\_\_

### **Group Rate (10 or more registering at the same time)**

#### **Session A or B**

Regular (by May 21)	\$88
Late (after May 21)	Add \$20

#### **Individual Rate**

Regular (by May 21)	\$98
Late (after May 21)	Add \$20

#### **Both Sessions**

\$180

### **Leaders**

Cost (registration, lunches & water park) \$40

CFNI requires us to have a background check on file for anyone who comes in contact with children. If you or your church has this report on file please send a copy with this form. If you have not had a background check done, we will be happy to provide this service, just fill in the attached form. There is an additional **\$25** fee for each background check we process. If you are unsure as to whether or not we have a background check on file for you, you may email [kloy@cfni.org](mailto:kloy@cfni.org). Please include your full name and church. All background check forms should be submitted no later than June 11<sup>th</sup> for processing.

# Christ for the Nations

## Background Check Information Form

*KFN Interns & Staff / Church Leaders*  
*CFNI Children's Ministry Students*

Various individuals, volunteers, and/or employees are required by CFN policies and procedures to submit to a standard background check. CFN takes seriously our obligation to provide an atmosphere of safety for those to whom we minister. This is especially true regarding young people and children. We appreciate your willingness to serve and ask that you embrace with us the desire and the responsibility to provide this important level of safety by completing this form.

PLEASE PRINT LEGIBLY

Last / Family Name	Middle Initial	First / Given Name

Date of Birth	Social Security Number

I have lived in the United States Prior to attending CFNI/KFN:  Yes  No

I authorize Christ for the Nations, Inc. to make any investigation of my personal history through any investigative agencies of their choice including but not limited to my student file at Christ for the Nations Institute.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_