

CHECKLIST FOR MEMBERSHIP APPLICATION (CHILD)

Name of Applicant: _____ Date of Submission: _____

Before submission, please go through this checklist and tick (\checkmark) accordingly:

- Child's salvation testimony
- Parent's name (as per NRIC), contact no., email and signature
- Interviewing GKidz Pastor's name and signature
- Parent's Cell Leader's name, contact no. and signature
- Parent's Team Pastor's name and signature
- Joining by baptism/transfer/statement
- Order of preference for baptism/transfer service Note: If most preferred service is at maximum capacity, applicant will be moved to 2nd/3rd choice
- Photocopy of baptism certificate (if applicable)
- Letter of transfer (if applicable)
- Application submitted before intended baptism service's closing date
- Child membership form (for applicants 12 years old and below)
- By signing this membership application form, you agree that FCBC may collect, use and disclose your personal data, as provided in this application form, or as obtained by our organisation as a result of your membership (if applicable), for the following purposes, in accordance with the Personal Data Protection Act 2012:
 - a) Processing this membership application
 - b) Administration of the membership within our organisation
 - c) Provide updates and information that you have agreed to receive
- Photos and videos of baptism candidates may be taken at the baptism service and used by FCBC for internal and external publicity through mediums including, but not limited to, printed materials, electronic publications, websites and social media channels.

Important

Please ensure that the application form and all necessary documents have been duly completed and furnished.

INCOMPLETE/LATE APPLICATIONS WILL NOT BE PROCESSED.

Confirmation letter will be sent by email, and mailed to the applicant within two weeks after the closing date.



MEMBERSHIP APPLICATION FORM (CHILD)

Submission closing date: 5 weeks before date of intended baptism service

For previously cancelled/postponed baptism by immersion applicants, there will be a waiting period of at least 6 months.

For application submission, please email the completed form to: membership@fcbc.org.sg

JOINING BY:								
Baptism (Immersion)		Baptism (Sprinkling)		Transfer		□ Statement		
PART 1: PERSONAL PARTICULARS								
						Chinese Character Name:		
The baptism certificate will bear the name as per your NRIC. It can include your Ch name and/or Chinese Character name as given here. Please indicate your preferen Christian name to be <u>before</u> or <u>after</u> your NRIC name in the "Preferred Name" field								
Preferred Name:							Aale 🛛 Female	
BC No./FIN No.: Date of Birth: A		Age:	ge: Contact No.: (Mobile)		Contact No.: (ontact No.: (Home) Citizenship:		
Home/Postal Address: School: Singapore								
BAPTISM SERVICE*								
	Saturday 7.30pm)		TC Bilingual (Sunday 10.00am)			Intended Membership Date:		
DATA PROTECTION CONSENT						PARENT'S PARTICULARS		
By signing this membership application form, you agree that FCBC may collect, use and disclose your personal data or your child/ward's personal data, as provided in this application						Parent	's Name:	
form, or as obtained by our organisation as a result of membership (if applicable), for the following purposes, in accordance with the Personal Data Protection Act 2012:						Parent's Contact No.:		
a) Processing of this membership application b) Administration of membership within our organisation c) Providing of updates and information that you have agreed to receive						Parent's Email:		
Photos and videos of baptism candidates may be taken at the baptism service and used by FCBC for internal and external publicity through mediums including, but not limited to, printed materials, electronic publications, websites, and social media channels.						PARE	NT'S SIGNATURE	
□ I have read and understood.								
NOTE: At least one parent must be a member of FCBC and part of a cell group. Only assigned baptisers will conduct the baptism.								
One of the child's Christian parents can opt to accompany their child into the baptism pool. I							cate below:	
Accompany Child's Parent's Name: Parent's Contact No.:				:	Parent's Email:			
PARENT'S CELL LEADER'S PARTICULARS					PARENT'S CELL LEADER'S SIGNATURE			
Parent's Cell Leader Name: Parent's Cell Leader Contact No				Contact No.:				
Parent's Cell Leader Email:								
PARENT'S TEAM PASTOR'S PARTICULARS					PARENT'S TE	AM PA	STOR'S SIGNATURE	
Parent's Team Pastor's Name:								
GKIDZ CHILD'S INTER	INTERVIEWI	NG GKII	DZ PASTOR SIGNATURE					
Child's group in GKidz: (E.g TC Sun 9am P1 Gro			Recommended for Baptism:					
Child has attended Children's Encounter on:				□ NO	Interviewing GKidz Pastor's Name:			



My Testimony

What would you say to your GKidz Leader if he/she asked you to tell him/her how you came to know Jesus and why you want to be baptised?

When I was ______ years old, I decided to follow Jesus. This is how it happened...

Since then, I have been learning more about the things Jesus wants me to do and I have discovered that when I follow Him, I need to be baptised.

I want to be baptised because ______

I hope you will pray for me as I come close to this important time in my life.