

CHECKLIST FOR MEMBERSHIP APPLICATION (CHILD)

Name of Applicant: _____ Date of Submission: _____

Before submission, please go through this checklist and tick (✓) 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)

By: Baptism/Transfer/Statement

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

PART 1: PERSONAL PARTICULARS

Name as in Birth Certificate: _____ (In CAPS and underline **SURNAME**)

Christian Name: _____ (Before / After)

Chinese Character Name: _____ (Optional)

NRIC/FIN No.: _____ Age: _____

Citizenship: _____ Date of Birth (DD/MM/YY): _____

Child's Email: _____ Contact No.: _____

Address: _____ Postal Code: _____

School: _____

I consent to receive updates on church events and news through: Email Text Phone Call Mail

The baptism certificate will bear the name as per your Birth Certificate. It can include your Christian name and/or Chinese Character name as given here. Please indicate your preference for Christian name to be before or after the name as per your Birth Certificate.

Joining By (Indicate by ticking one of the options below)

| | | |
|--|--|---|
| Baptism: <input type="checkbox"/> Immersion (Candidate must be able to move in/out of baptism pool with ease) <input type="checkbox"/> Sprinkling (Candidate with mobility issue) | <input type="checkbox"/> Transfer | <input type="checkbox"/> Statement |
|--|--|---|

Baptism Service* (Indicate 3 preferred services in the boxes below; 1 – most preferred and 3 – least preferred)

| | | |
|---|--|---|
| TC Hokkien (Saturday 3pm) <input type="checkbox"/> | TC English (Sunday 9am) <input type="checkbox"/> | Intended membership date: _____ (DD/MM/YY) |
| TC English (Saturday 7.30pm) <input type="checkbox"/> | TC Chinese (Sunday 11.30am) <input type="checkbox"/> | |

* subjected to change

Child's Interview (Conducted by GKidz Pastor)

The following criteria must be met before your child can be considered for baptism:

a) Child has attended Children's Encounter on _____ (DD/MM/YY)

b) Child has been interviewed by GKidz Pastor on _____ (DD/MM/YY)

Child's Group in GKidz: _____ (e.g. TC Sun 9am P1 Group 1)

Interviewing GKidz Pastor's Name: _____ Signature: _____

Parent to fill up

| | | |
|----------------------------|--|--|
| Parent's Name _____ | Parent's Cell Leader's Name _____ | Parent's Team Pastor's Name _____ |
| Parent's Signature _____ | Parent's Cell Leader's Signature _____ | Parent's Team Pastor's Signature _____ |
| Parent's Contact No. _____ | Parent's Cell Leader's Contact No. _____ | FOR OFFICIAL USE Recommended for Baptism: Yes / No |

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. Please indicate below:

Name of Parent: _____ Contact No.: _____

Email: _____

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.