

RE XNIHL



orange

Children's Ministries Registration Form

Child Information

Child's Last Name	First Name	M/F	Birthday	Age	Grade	Severe Allergies, Medical Conditions, Special needs

Family Information

Parent/Guardian Name _____

Parent/Guardian Name _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Address _____

City _____ Zip _____

Home Phone _____

Guest Regular Attendee/Member

Involvement & Registration

Our family involvement:

Wednesday Evening Ministries Sunday 9am Service Sunday 10am Service Sunday 6pm Service

The following additional people are authorized to pick up my child:

Last Name	First Name	Relationship

Parent Signature _____

Please turn this form into the Church Office, Nursery or Kid's Church desk

