



CHILDREN'S REGISTRATION FORM 2008-2009

CHILD'S INFORMATION:

Name: _____
(Last) (First)

Goes by: _____

Address: _____ City, ST: _____ Zip: _____

Gender: _____ Age: _____ Date of Birth: _____

Grade in School: _____ School: _____ Siblings: _____

Known allergies: _____

Anything else the teachers should know about your child: _____

PARENT'S INFORMATION: (only necessary for 1 child)

Name: _____
(Last) (First)

Address: _____ City, ST: _____ Zip: _____

Telephone: _____
(Home) (Work) (Cell: set on vibrate during worship)

Email: _____