

Children's Ministries Registration Card



Today's Date: ___ / ___ / ___

- Regular Enrollment
 New Household

- Update (information listed below to be updated)
 Guest (child not residing in your household)

Parent or Guardian Information

Parent or Guardian's Name(s):		
Address:	City:	Zip:
Phone:	Email:	
Relationship to Child/Children:		
Worship Service Attended: <input type="checkbox"/> 8:45AM <input type="checkbox"/> 10:30AM <input type="checkbox"/> Weds. <input type="checkbox"/> Special Event or Service		

Child 1

Child's Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ___ / ___ / ___
Grade: <input type="checkbox"/> 8 Weeks to 3 Years Old (Turned 3 after August 31, 2016) <input type="checkbox"/> Preschool (Turned 3 before September 1, 2016) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	Allergies/Special Needs:

Over ...

Child 2

Child's Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ___ / ___ / ___
Grade: <input type="checkbox"/> 8 Weeks to 3 Years Old (Turned 3 after August 31, 2016) <input type="checkbox"/> Preschool (Turned 3 before September 1, 2016) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	Allergies/Special Needs:

Child 3

Child's Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ___ / ___ / ___
Grade: <input type="checkbox"/> 8 Weeks to 3 Years Old (Turned 3 after August 31, 2016) <input type="checkbox"/> Preschool (Turned 3 before September 1, 2016) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	Allergies/Special Needs:

Child 4

Child's Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ___ / ___ / ___
Grade: <input type="checkbox"/> 8 Weeks to 3 Years Old (Turned 3 after August 31, 2016) <input type="checkbox"/> Preschool (Turned 3 before September 1, 2016) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	Allergies/Special Needs: