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:		
☐ 9:00AM KidZone ☐ 10:15AM KidZone ☐ Special Event		

Child 1	
Child's Name:	
Gender: ☐ Male ☐ Female	Birthdate: ____ /____ /_____
Grade: ☐8 Weeks to 3 Years Old (Turns 3 after August 31, 2019) ☐Preschool (Turned 3 before September 1, 2019) ☐Kindergarten ☐1st ☐2nd ☐3rd ☐4th ☐5th	Allergies/Special Needs:

Child 2	
Child's Name:	
Gender: ☐ Male ☐ Female	Birthdate: ____ /____ /_____
Grade: ☐ 8 Weeks to 3 Years (Turns 3 after August 31, 2019) ☐ Prechool (Turned 3 before September 1, 2019) ☐ Kindergarten ☐1st ☐2nd ☐3rd ☐4th ☐5th	Allergies/Special Needs:

Child 3	
Child's Name:	
Gender: ☐ Male ☐ Female	Birthdate: ____ /____ /_____
Grade: ☐ 8 Weeks to 3 Years (Turns 3 after August 31, 2019) ☐ Prechool (Turned 3 before September 1, 2019) ☐ Kindergarten ☐1st ☐2nd ☐3rd ☐4th ☐5th	Allergies/Special Needs:

Child 4	
Child's Name:	
Gender: ☐ Male ☐ Female	Birthdate: ____ /____ /_____
Grade: ☐ 8 Weeks to 3 Years (Turns 3 after August 31, 2019) ☐ Prechool (Turned 3 before September 1, 2019) ☐ Kindergarten ☐1st ☐2nd ☐3rd ☐4th ☐5th	Allergies/Special Needs: