



Children's Church Registration:

Parent 1 - First: _____ Last: _____ Email: _____

Parent 2 - First: _____ Last: _____ Email: _____

Address - _____

City: _____ State/Zip: _____

Phone Numbers:

Parent 1 - (____) _____ Home____ Cell____ Can we text you? _____

Parent 2 - (____) _____ Home____ Cell____ Can we text you? _____

Children:

Name: _____ DOB: ____/____/____ Grade: ____ Gender: ____ Food Allergy: _____

Name: _____ DOB: ____/____/____ Grade: ____ Gender: ____ Food Allergy: _____

Name: _____ DOB: ____/____/____ Grade: ____ Gender: ____ Food Allergy: _____

Name: _____ DOB: ____/____/____ Grade: ____ Gender: ____ Food Allergy: _____

Any comments or further information to better serve you or your children?

Other Authorized Caretaker/Guardian - _____ Phone: _____