



Children's Ministries Elementary Registration 2009-2010 K - 5th Grade

Please complete the following form in order to register your child in our Saturday/Sunday school. With this information, we will be able to send you updates in our Children's Ministries program.

[Please Print Clearly]

Child's Name: _____
(Last) (First)

Child's Date of Birth: _____ Age: _____ Gender: _____

Allergies: _____

School: _____ Grade: _____

Parent/Guardian: _____

Address: _____
(Street) (City/Zip)

Home #: _____ Cell #: _____ Email Address: _____

(Parent/Guardian Signature) (Date)