



WEEKEND CHILDREN'S MINISTRIES REGISTRATION

Date _____ Visitor _____ New Attender _____ Reg. Attender _____
2023/24

Parent/Guardian Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (include area code) _____ Parent/Guardian Cell Phone (include area code) _____

Email _____

Child Info:

Child #1

First Name _____ Middle or Initial _____ Last Name _____ Birthdate (MM/DD/YYYY) _____ Male or Female? _____

Grade _____ Allergies _____

Special instructions: _____

Child #2

First Name _____ Middle or Initial _____ Last Name _____ Birthdate (MM/DD/YYYY) _____ Male or Female? _____

Grade _____ Allergies: _____

Special instructions: _____

Child #3

First Name _____ Middle or Initial _____ Last Name _____ Birthdate (MM/DD/YYYY) _____ Male or Female? _____

Grade _____ Allergies: _____

Special instructions: _____

My child(ren) are also authorized to leave with these individuals in case of emergency:

Parent or Guardian Signature: _____

(To list additional children, please see the back.)

Child Info:

Child #4

First Name Middle or Initial Last Name Birthdate (MM/DD/YYYY) Male or Female?

Grade: _____ Allergies: _____

Special instructions: _____

Child #5

First Name Middle or Initial Last Name Birthdate (MM/DD/YYYY) Male or Female?

Grade: _____ Allergies: _____

Special instructions: _____

Child #6

First Name Middle or Initial Last Name Birthdate (MM/DD/YYYY) Male or Female?

Grade: _____ Allergies: _____

Special instructions: _____