

# Children's Ministries Registration

2017-18

## Family Contact Information

### Parent/Guardian 1:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_  
*Required for text notification*

### Parent/Guardian 2:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_  
*Required for text notification*

Which worship service do you usually attend?  9:00  10:45

## Parent/Guardian Permission

I give permission for emergency medical care to be initiated for my child(ren): \_\_\_\_\_  
*Parent/Guardian Signature*

I give permission for my child(ren)'s picture to be used on the church web page or promotions: \_\_\_\_\_  
*Parent/Guardian Initials*

I give permission for my 4th/5th grader to be dismissed from class without their parent/guardian being present and showing the pick-up tag: \_\_\_\_\_  
*Parent/Guardian Initial*

## Child Information

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(Last, First)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

**\*\*Special Needs or Allergies:** \_\_\_\_\_

**\*\*Additional Information to help serve your child better:** \_\_\_\_\_

Please enroll my child for:

**Sunday Morning:**  9:00 Service (Nursery - 5<sup>th</sup> grade)  
 10:45 Service (Nursery - Kindergarten)

**Wednesday Evening:**  Awana (3 yrs. by 9/1/17 - 6<sup>th</sup> grade) *Fees apply and can be paid the first night.*

Name of church you attend if other than First Free: \_\_\_\_\_

*\*\*Additional child sections continued on back\*\**

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

(Last, First)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

**\*\*Special Needs or Allergies:** \_\_\_\_\_

\*\*Additional Information to help serve your child better:

Please enroll my child for:

**Sunday Morning:**  9:00 Service (Nursery - 5<sup>th</sup> grade)  
 10:45 Service (Nursery - Kindergarten)

**Wednesday Evening:**  AWANA (3 yrs. by 9/1/17 - 6<sup>th</sup> grade)

Name of church you attend if other than First Free: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

(Last, First)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

**\*\*Special Needs or Allergies:** \_\_\_\_\_

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Name of church you attend if other than First Free: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

(Last, First)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

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