



Registration 2018-2019

Student Ministry

Student's name _____

Birthdate: ____/____/____/ Grade: _____

School: _____

Allergies/Health Issues _____

Guardian Information:

Name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Email Address: _____

Relation to child: _____

Emergency contact (Different from above)

Name: _____

Phone: _____ Relation to Child: _____

Names of person(s) authorized to pick up my child from church:

I give permission for my child's picture to be used by the church in printed or digital form, including use on the church's website.

Yes No

Service our Family regularly attends 8:30 9:30 11:00

Office Use Only:

Date received: _____ *Date entered into computer* _____