



# WEEKEND REGISTRATION FORM

Date: \_\_\_\_\_ One Time Guest? Y N  
Parent Location: \_\_\_\_\_

## PLEASE PRINT

### PARENT INFO:

Parents/Guardians Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### CHILD INFO:

Name of Child 1: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies, Medications, Medical Info., Special Info. (directions) Please Print:  
\_\_\_\_\_  
\_\_\_\_\_

Office Use:  
**Class assigned:** \_\_\_\_\_

Circle One:  
**Walker / Crawler**

\*\*\*\*\*

Name of Child 2: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies, Medications, Medical Info., Special Info. (directions) Please Print:  
\_\_\_\_\_  
\_\_\_\_\_

Office Use:  
**Class assigned:** \_\_\_\_\_

Circle One:  
**Walker / Crawler**

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From time to time we take pictures or shoot video in our Children's Ministry for in house promotional purposes.

**If you do not want your child photographed, please sign here:** \_\_\_\_\_

**PLEASE PRINT**

Name of Child 3: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies, Medications, Medical Info., Special Info. (directions) Please Print:

\_\_\_\_\_  
\_\_\_\_\_

Office Use:

Circle One:

**Class assigned:** \_\_\_\_\_

**Walker / Crawler**

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Name of Child 4: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies, Medications, Medical Info., Special Info. (directions) Please Print:

\_\_\_\_\_  
\_\_\_\_\_

Office Use:

Circle One:

**Class assigned:** \_\_\_\_\_

**Walker / Crawler**

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Name of Child 5: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies, Medications, Medical Info., Special Info. (directions) Please Print:

\_\_\_\_\_  
\_\_\_\_\_

Office Use:

Circle One:

**Class assigned:** \_\_\_\_\_

**Walker / Crawler**