



BIBLE EVANGELICAL FREE CHURCH

Ministry Registration Form

(Please complete one form per family.)

1	Child's Name:	Current Grade:	Birthdate (MM/DD/YYYY):	Current Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies, Medication, Chronic Illness or Other Conditions:		Special Needs:			
2	Child's Name:	Current Grade:	Birthdate (MM/DD/YYYY):	Current Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies, Medication, Chronic Illness or Other Conditions:		Special Needs:			
3	Child's Name:	Current Grade:	Birthdate (MM/DD/YYYY):	Current Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies, Medication, Chronic Illness or Other Conditions:		Special Needs:			
4	Child's Name:	Current Grade:	Birthdate (MM/DD/YYYY):	Current Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies, Medication, Chronic Illness or Other Conditions:		Special Needs:			
5	Child's Name:	Current Grade:	Birthdate (MM/DD/YYYY):	Current Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies, Medication, Chronic Illness or Other Conditions:		Special Needs:			
6	Child's Name:	Current Grade:	Birthdate (MM/DD/YYYY):	Current Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies, Medication, Chronic Illness or Other Conditions:		Special Needs:			

Household Information

Male Name:

Female Name:

Address:

Home/Cell Phone:

Home/Cell Phone:

Email:

Email:

Birthday:

Birthday:

Please add me to General Email List

Please add me to the prayer email list