



### CHILDREN'S MINISTRY Parent & Child Registration Form

*Please Print! Information on this form is confidential and intended for use by New Community Bible Fellowship only*

#### Parent Information

**Primary Parent Contact:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Wedding Anniversary \_\_\_\_\_  
(Month – Date – Year) (Month – Date – Year)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_ Home \_\_\_\_\_

E-mail Address \_\_\_\_\_ Employer \_\_\_\_\_

Membership Status Member \_\_\_\_\_ Pre-Member \_\_\_\_\_ Visitor \_\_\_\_\_

**Secondary Parent Contact:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Wedding Anniversary \_\_\_\_\_  
(Month – Date – Year) (Month – Date – Year)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_ Home \_\_\_\_\_

E-mail Address \_\_\_\_\_ Employer \_\_\_\_\_

Membership Status Member \_\_\_\_\_ Pre-Member \_\_\_\_\_ Visitor \_\_\_\_\_

# Children Information

## Child #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Month – Date- Year)

Potty-Trained \_\_\_\_\_ Not Potty-Trained \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Allergies/Special Comments \_\_\_\_\_

## Child #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Month – Date- Year)

Potty-Trained \_\_\_\_\_ Not Potty-Trained \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Allergies/Special Comments \_\_\_\_\_

## Child #3

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Month – Date- Year)

Potty-Trained \_\_\_\_\_ Not Potty-Trained \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Allergies/Special Comments \_\_\_\_\_

**Child #4**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Month – Date- Year)

Potty-Trained \_\_\_ Not Potty-Trained \_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Allergies/Special Comments \_\_\_\_\_

**Child #5**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Month – Date- Year)

Potty-Trained \_\_\_ Not Potty-Trained \_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Allergies/Special Comments \_\_\_\_\_

**Child #6**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Month – Date- Year)

Potty-Trained \_\_\_ Not Potty-Trained \_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Allergies/Special Comments \_\_\_\_\_