



# Children's Missions/Choir Enrollment Form 2016-17

Name \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's allergies \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parents' location during missions & choir: ESL or Other (circle one)

School Children Attend \_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4	Week 5	Additional
SEPT						
OCT						
NOV						
DEC						
JAN						
FEB						
MAR						
APRIL						
MAY						