

# Sunday Morning Registration Form

1st Time Visitor     One Time Guest     Updating Information Only

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Child lives with: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Last Name	First Name	M/F	Birth Date	Age	Class or Grade	Severe Allergies, Medical Conditions, Special Needs

In case of an emergency where I cannot be reached, I hereby authorize the Children's Ministries staff to administer needed first aid or to seek medical attention for my child.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

*"Grace periodically photographs and/or films events for use on our website, Facebook etc."*

First Time Guests

If you are visiting with us for the first time, *Welcome!*

We ask that you please take some time to complete the registration information on the other side of this page.

Regular Attendees

If you are a regular attendee and have already filled out a registration form for your children, you need only give us any *new* or *updated* information (*i.e. change of address, phone, email etc.*).

Once completed, please give this form to a Children's Ministries leader or put it in the mailbox on the wall outside of Room 106

*Thank you.*