Cow Creek Community Church ELEMENTARY MINISTRY

Where does your child attend school?

Registration Form	
Please print. Complete one for EACH child. (*)s are required.	*CHILD'S Birth Date *Age * Grade *Gender
*PARENT OR GUARDIAN'S Full Name *Relationship to child	*Please check the appropriate box(es) to register your child.
*PARENT OR GUARDIAN'S Full Name *Relationship to child	SUNDAY SCHOOL / 9:15 a.m.
*Address	□ 3rd-5th Grade CHURCH SERVICE / 10:30 a.m.
*City *State * Zip Code	□ 1st-3rd Grade Children's Church *Does your child have any health concerns? If so, please
*Email address (explain.
*Home phone number *Alt. number Please circle-> CELL WORK Does your child have a nickname? If so, what name does he/she prefer?	*Please list any allergies of <i>ANY KIND</i> (or special needs):
What is your child's favorite toy or activity?	
Where does your child attend school?	Thank you for taking the time to fill out this form!
Cow Creek Community Church ELEMENTARY MINISTRY	*DATE *CHILD'S Last Name
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Thank you for taking the time to fill out this form!

*DATE_

*CHILD'S Last Name

*First Name