



2011-2012

Registration Form

Family Name _____

Mother _____ cell phone _____ e-mail _____

Father _____ cell phone _____ e-mail _____

Address _____ City _____ Zip _____

Family Phone _____ Family e-mail _____

1. Child _____ DOB _____ Grade 9/11 _____

Allergies or special needs _____

Baptized Date _____ Church _____ City _____ State _____

2. Child _____ DOB _____ Grade 9/11 _____

Allergies or special needs _____

Baptized Date _____ Church _____ City _____ State _____

3. Child _____ DOB _____ Grade 9/11 _____

Allergies or special needs _____

Baptized Date _____ Church _____ City _____ State _____

4. Child _____ DOB _____ Grade 9/11 _____

Allergies or special needs _____

Baptized Date _____ Church _____ City _____ State _____

Any custody or other concerns we should know about? _____

Verify the information on Registration current and accurate _____ date _____ initialed.

Verify the information on Registration current and accurate _____ date _____ initialed.

I/WE give permission for my child/children to be videotaped or photographed for church purposes (including publication in the Courier newsletter and website). _____ Yes _____ No	
I understand that I am responsible to check in and check out with teachers and caregivers of my children as I bring and pick them up for various activities.	
_____	_____
Parent/Guardian Signature	Date