

FAMILY REGISTRATION CARD 2010/2011
Weekend Children's Ministries / Nursery - 4th Grades

CLAIM # (Assigned by office) : _____

TODAY'S DATE: _____

Please print

PARENTS' LAST NAME: _____ PARENTS' FIRST NAME/S: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONES: Home: _____ Cell: _____ Work: _____ E-MAIL: _____

| CHILD'S NAME (Please include last name if different from parent.) | M/F | DATE OF BIRTH | AGE | GRADE | SPECIAL CONCERNS / ALLERGIES | CLASS ASSIGNED (Office completes) |
|---|-------|---------------|-------|-------|------------------------------|-----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

My child(ren) may be released to: _____
 (Must be in 5th grade or older)

PARENT'S SIGNATURE

The campus & hour(s) my family will predominately attend:
 (You may check more than one hour)

- Saturday Evening _____ 5:00
- Sunday East Campus _____ 9:15 _____ 10:45
- Sunday West Campus _____ 9:15 _____ 10:45

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CHILDREN'S MINISTRIES invites & encourages you to be a part of changing and impacting the lives of children. PLEASE consider what role you might play in "Loving Children to Jesus."

I'M WILLING TO SERVE (Please check all that apply):

- Saturday Evening _____
- Sunday Morning _____
- Sunday Evening Choirs _____
- Wednesday Evening _____

- Preferred Age: Nur. Tod. 2's 3's 4's K's Elem. (Please circle one)
- Administrative / Clerical: _____
- Misc. Assistance: (Such as sewing, painting, bulletin boards, etc.) _____
- Would like to be involved, but am not sure how or where. Please contact me _____