



Youth and Children's Programs - Registration Form

Please fill out a separate form for each student/child

STUDENT/CHILD INFORMATION

Child's Name _____ Date of Birth _____

Address _____
Street City State Zip

Home Phone _____ Grade in School _____

Parent Name _____ Cell Number _____

Parent Name _____ Cell Number _____

Additional people who have permission to pick up child:

1. _____ Cell Number _____

Relationship to child _____ Home Number _____

2. _____ Cell Number _____

Relationship to child _____ Home Number _____

Does child have any medical condition(s)? If yes, please explain:

Does child have any food allergies? _____

How did you find out about our Sunday Programs for Youth and Children? _____

Parent Signature _____ Date _____

Parent Email Address _____

Indicate Program (circle)	Nursery (6mos to 3yrs)	Atrium (3yrs to 6 yrs)	Sunday School (6 yrs to 11 yrs)	Youth Group (Middle/High School)
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