

CHILDREN'S MINISTRY REGISTRATION FORM

CHILD'S INFORMATION			
First Name	Middle Name	Last Name	
Birth date: / /	Age: Grade:	Home Phone	
Mailing address:		Mom Cell Phone	Dad Cell Phone
Mothers Name		Fathers Name	
E-mail address you would like us to use to contact you:		School Child attends:	
Authorized people to pick up my child (must be 18 years of age or older):			
Is there any custodial information that we should be aware of? If so please list below:			

MEDICAL HISTORY
Are there any allergies that we need to be aware of?
Are there any special considerations that we need to be aware of?
Is your child taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list them, and reason for medication:
Is there anything else that we should be aware of about your child?

EMERGENCY CONTACT INFORMATION		
Every effort will be made to contact the parents or guardian of the child before treatment is given.		
First Name	Last Name	Relation to Child
Home Phone	Cell Phone	Home Address