



KIDS MINISTRY REGISTRATION

Date: _____

Parent(s)/Guardian(s) Info

First & Last Name(s): _____

Cell #: _____ Rel'ship to Child: _____

Mailing address: _____ PC: _____

Child #1

First & Last Name: _____

M F Age: _____ Grade: _____ Birthdate: _____

Allergies/medical concerns: _____

Child #2

First & Last Name: _____

M F Age: _____ Grade: _____ Birthdate: _____

Allergies/medical concerns: _____

Child #3

First & Last Name: _____

M F Age: _____ Grade: _____ Birthdate: _____

Allergies/medical concerns: _____

Please note that if your child needs you during the service, the pick-up tag number will appear on the screens in the auditorium. We ask you that go directly to your child's classroom. Thank you!

Office Use Only:

New CCB Date: _____ By: _____

Update CCB Date: _____ By: _____