



Family Registration Form 2007/2008

Instructions:

- Use this form for ALL children in your family who are in grade 6 or younger.
- Please return this form to the church office, or to the check-in desk on Sunday morning.
- Please check-in and check-out your children each week.

Father's name _____ Father's cell phone: _____ Father's work phone: _____

Mother's name: _____ Mother's cell phone: _____ Mother's work phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary phone: _____ Primary e-mail _____

Emergency Contact: _____ Phone: _____ Relationship: _____

May we e-mail you lesson reviews each week? Yes or No May we e-mail you about events, news, and volunteer opportunities? Yes or No

Using the chart below, please list all the children in your family who are in grade 6 or younger this fall.

First	Middle	Last	M/F	Date of Birth	Grade	Medical Conditions/Allergies/Special Needs

Signature(s) of parent(s) or guardian: _____ Date: _____

_____ Date: _____

