

Registration for Youth Activities 2016-2017



Child's Name: _____ Nickname: _____

Birthdate: _____ Grade in Sept: _____

Baptized? Yes/No When _____ Where: _____

Allergies? Yes/No What _____

How does your child best learn? (for example, through movement, music, pictures, words, etc.)

What else do you want to tell us that will help us minister to your child?

Parent/Guardian Information

Name(s): _____

Address: _____

Home Phone: _____ Email: _____

Emergency Contact: _____

Other Information

Please use this space for any additional information you think the church might need:

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