

Children's Ministries Registration Card

Today's Date: ___ / ___ / ___

Volunteers Name: _____

- New Household** (first time checking in) **Update** (information listed below to be updated)
 New Child (new baby/child in your household) **Guest** (child not residing in your household)

Parent or Guardian Information

Parent or Guardian's Name(s):		
Parent or Guardian's Birthdate(s): ___ / ___ / ___ & ___ / ___ / ___		
Address:	City:	Zip:
Phone:	Email:	
Relationship to Child/Children:		
Worship Service Attended: <input type="checkbox"/> 8:30AM <input type="checkbox"/> 9:00AM <input type="checkbox"/> 10:45AM <input type="checkbox"/> Special Event or Service		
Does the child/children live at the address above: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please write address below)		
Address:	City:	Zip:

Child 1

Child's Name:	Attended Programming today Y/N
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ___ / ___ / ___
Grade: <input type="checkbox"/> 8 Weeks to 3 Years Old- Nursery <input type="checkbox"/> 3-5 year old Preschool (3 years old before Sept 1 st 2019) - Rm 213 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th - Rm 101 (K-2) & 113 (3-5) <input type="checkbox"/> Middle School (6 th -8 th) <input type="checkbox"/> High School (9 th -12 th)	Allergies/Special Needs:

Child 2

Child's Name:	Attended Programming today Y/N
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ___ / ___ / ___
Grade: <input type="checkbox"/> 8 Weeks to 3 Years Old - Nursery <input type="checkbox"/> 3-5 year old Preschool (3 years old before Sept 1 st 2019) - Room 213 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th - Rm 101 (K-2) & 113 (3-5) <input type="checkbox"/> Middle School (6 th -8 th) <input type="checkbox"/> High School (9 th -12 th)	Allergies/Special Needs:

Child 3

Child's Name:	Attended Programming today Y/N
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ___ / ___ / ___
Grade: <input type="checkbox"/> 8 Weeks to 3 Years Old - Nursery <input type="checkbox"/> 3-5 year old Preschool (3 years old before Sept 1 st 2019) - Room 213 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th - Rm 101 (K-2) & 113 (3-5) <input type="checkbox"/> Middle School (6 th -8 th) <input type="checkbox"/> High School (9 th -12 th)	Allergies/Special Needs:

Child 4

Child's Name:	Attended Programming today Y/N
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ___ / ___ / ___
Grade: <input type="checkbox"/> 8 Weeks to 3 Years Old - Nursery <input type="checkbox"/> 3-5 year old Preschool (3 years old before Sept 1 st 2019) - Room 213 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th - Rm 101 (K-2) & 113 (3-5) <input type="checkbox"/> Middle School (6 th -8 th) <input type="checkbox"/> High School (9 th -12 th)	Allergies/Special Needs: