



Children's Ministries Registration Form 2016-2017

Child Name (first/ last): _____

Parents/Guardians Name: _____

Age: _____ Birthdate: _____ Grade in school this year: _____

Address: _____
Street City, State Zip

Phone Number: _____ E-mail Address: _____

Cell number (that can be called during Church in an emergency): _____

Help us help your child: Allergies or other conditions we should be aware of (food reactions, physical limitations, ADD/ADHD, etc.)

Which service do you usually attend? ____ 9am ____ 10:30am

I am available to help. . .

- | | |
|---|---|
| _____ As a substitute teacher | _____ As a parent helper in the classroom |
| _____ With Children's Church | _____ With the Christmas program |
| _____ With Children's Music | _____ In the nursery |
| _____ As a member of the Children's Leadership Team | |

Comments: _____

____ I give permission for my child's photos to be used for CPC website, Facebook or Instagram account. For promotion of CPC.

For Admin:

- _____ CPCKids Sprouts (Nursery Care)
- _____ CPCKids Jr. (Pre-K)
- _____ CPCKids (1st-5th)
- _____ CPCKids (LifeGroups)

