



Children's Ministries Registration Form 2018-2019

Child's Name: _____ Age: ____ Birthdate: _____ Grade: _____
Child's Name: _____ Age: ____ Birthdate: _____ Grade: _____
Child's Name: _____ Age: ____ Birthdate: _____ Grade: _____
Child's Name: _____ Age: ____ Birthdate: _____ Grade: _____
Child's Name: _____ Age: ____ Birthdate: _____ Grade: _____

Parent/ Guardian's Names: _____

Address: _____
Street City, State Zip

Phone Number: _____ E-mail Address: _____

Cell number (that can be used during Church in case of emergency): _____

Help us teach your child and keep them safe: Please list any allergies or other conditions we should be aware of (food reactions, physical limitations, attentional issues, etc.) For additional children, please indicate name for each child with the information:

___I give permission for my child/ children's photos to be used on CPC website, Facebook, or Instagram for CPC promotion.

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

Comments: _____
