

**Nursery/Sunday School/Children's Youth Group
REGISTRATION FORM
2016-2017**

CHILD'S NAME _____

CHILD'S AGE _____ BIRTH DATE _____

School Grade _____

PARENT/GUARDIAN

FAMILY ADDRESS

PHONE NUMBER(S)

E-MAIL

ADDITIONAL INFORMATION:

ALLERGIES:

MEDICAL CONDITIONS: _____

MEDICATIONS: _____
—

*PLEASE SHARE ANY OTHER INFORMATION THAT WILL ASSIST US
IN MAKING YOUR CHILD'S EXPERIENCE BE A POSITIVE ONE.*

I am willing to volunteer as a helper:
___ 1x month ___ 2x month

**Please Return by September 30th.
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