



REGISTRATION FORM 2026/27

Parent's name (1) _____ Cell ph: _____

H Ph: _____ Email Address: _____

Address: _____

Parent's name (2) _____ Cell ph: _____

H Ph: _____ Email Address: _____

Address: _____

Please circle all for which you MIGHT be willing to help, as your schedule permits: **Teacher Appreciation, Room upkeep, special events, assist Children's Chapel, other:**

We occasionally take photos of children/youth participating in events. **We do NOT list their names** with the photos. **If you do not wish to have your child(ren)'s photo appear in publications, please so note:**

YES ____ I give my permission.

NO ____ I do not give my permission.

CHILD #1:

Child's Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____ Baptized: _____

Please list any allergies or other special needs or concerns below. And, please be sure to let your child's teachers know.

CHILD #2:

Child's Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____ Baptized: _____

Please list any allergies or other special needs or concerns below. And, please be sure to let your child's teachers know.

CHILD #3:

Child's Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____ Baptized: _____

Please list any allergies or other special needs or concerns below. And, please be sure to let your child's teachers know.

CHILD #4:

Child's Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____ Baptized: _____

Please list any allergies or other special needs or concerns below. And, please be sure to let your child's teachers know.
