



Children's Ministries  
J.A.M. Lambs  
Registration 2007-2008  
12 weeks - 2 years

*Please complete the following form in order to register your child in our Saturday/Sunday school. With this information, we will be able to send you updates in our Children's Ministries program.*

Child's Name: \_\_\_\_\_  
(Please print) (Last) (First)

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Zip)

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Please print)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

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(Office Use Only)

Lambs (N / P) \_\_\_\_\_