



Children's Ministries
J.A.M. Tots
Registration 2007-2008
Age 2 - PreK

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)

(Office Use Only)

Tots Id# _____