



Children's Ministries  
Preschool  
Registration 2009-2010  
Age 3 - 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.*

**[Please Print Clearly]**

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

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

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

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

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

\_\_\_\_\_  
(Date)