

Family Registration Form

The following information is required for all children participating in any children's ministry:

Head of Household

First Name _____ Nickname _____ Middle _____ Last _____

Marital Status (check one):

Married Single Widowed Separated Divorced

Church Association (check one):

Member Regular Attender Visitor Birthdate (MM/DD/YY): _____ / _____ / _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail addresses: _____ Primary Address: _____

Personal: _____ Street _____

Family: _____ City _____ State _____ Zip _____

Are you a leader/helper in one of these ministries? (Check all that apply):

Sunday AM (10am-12pm: Sunday School, KIDZ Church, etc.) Nursery Kings Kids Awana VSM (teens) VBS/VBX Other _____

Spouse

First Name _____ Nickname _____ Middle _____ Last _____

Church Association (check one):

Member Regular Attender Visitor Birthdate (MM/DD/YY): _____ / _____ / _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Personal e-mail: _____

Are you a leader/helper in one of these ministries? (Check all that apply):

Sunday AM (10am-12pm: Sunday School, KIDZ Church, etc.) Nursery Kings Kids Awana VSM (teens) VBS/VBX Other _____

Who can pick-up your child?

In the event that a check-out tag is not produced, the following are **authorized to take custody** of my children:

Father _____

Mother _____

*Other: _____

Phone #: _____

*Other: _____

Phone #: _____

*Other: _____

Phone #: _____

*** These will also be considered your emergency contact numbers if we cannot contact either parent**

Child #1

First Name _____ Nickname _____ Middle _____ Last _____

Birthdate (MM/DD/YY): _____ / _____ / _____ Grade: _____ Gender: Male Female

What ministries will Child #1 be checked into? (Check all that apply):

Sunday AM (10am-12pm: Sunday School, KIDZ Church, etc.) Nursery Kings Kids Awana VBS/VBX Other _____

Allergies: _____ Special needs: _____

Other comments: _____

ADDITIONAL CHILDREN ON BACK 

Child #2

First Name _____ Nickname _____ Middle _____ Last _____

Birthdate (MM/DD/YY): ____ / ____ / ____ Grade: _____ Gender: Male Female

What ministries will Child #2 be checked into? (Check all that apply):

Sunday AM (10am-12pm: Sunday School, KIDZ Church, etc.) Nursery Kings Kids Awana VBS/VBX Other _____

Allergies: _____ Special needs: _____

Other comments: _____

Child #3

First Name _____ Nickname _____ Middle _____ Last _____

Birthdate (MM/DD/YY): ____ / ____ / ____ Grade: _____ Gender: Male Female

What ministries will Child #3 be checked into? (Check all that apply):

Sunday AM (10am-12pm: Sunday School, KIDZ Church, etc.) Nursery Kings Kids Awana VBS/VBX Other _____

Allergies: _____ Special needs: _____

Other comments: _____

Child #4

First Name _____ Nickname _____ Middle _____ Last _____

Birthdate (MM/DD/YY): ____ / ____ / ____ Grade: _____ Gender: Male Female

What ministries will Child #4 be checked into? (Check all that apply):

Sunday AM (10am-12pm: Sunday School, KIDZ Church, etc.) Nursery Kings Kids Awana VBS/VBX Other _____

Allergies: _____ Special needs: _____

Other comments: _____

Child #5

First Name _____ Nickname _____ Middle _____ Last _____

Birthdate (MM/DD/YY): ____ / ____ / ____ Grade: _____ Gender: Male Female

What ministries will Child #5 be checked into? (Check all that apply):

Sunday AM (10am-12pm: Sunday School, KIDZ Church, etc.) Nursery Kings Kids Awana VBS/VBX Other _____

Allergies: _____ Special needs: _____

Other comments: _____

Child #6

First Name _____ Nickname _____ Middle _____ Last _____

Birthdate (MM/DD/YY): ____ / ____ / ____ Grade: _____ Gender: Male Female

What ministries will Child #6 be checked into? (Check all that apply):

Sunday AM (10am-12pm: Sunday School, KIDZ Church, etc.) Nursery Kings Kids Awana VBS/VBX Other _____

Allergies: _____ Special needs: _____

Other comments: _____