

Registration Form

CHILDREN

Name Age Grade Completed

Name Age Grade Completed

Name Age Grade Completed

Name Age Grade Completed

PARENT INFO

Name _____

Address _____

Phone _____

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

OTHER INFO

Does your child attend Sunday School? Yes _____ No _____
If so, where? _____

If your child is visiting our church, who is he/she a guest of?

Would you like to receive information about other events/
activities at Grace Temple? Yes _____ No _____

