

# First Christian Church

## Children's Ministry Enrollment Information

Please print all information – use additional forms as needed.

PARENT INFO	Parent / Legal Guardian: _____ Parent / Legal Guardian: _____ Mailing Address _____ Phone _____ City, State, Zip _____ Email: _____
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CHILD INFO	Child's Full Name _____ Date of Birth _____ Nickname _____ Grade _____ <input type="checkbox"/> M <input type="checkbox"/> F Allergies or special needs: _____ _____
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CHILD INFO	Child's Full Name _____ Date of Birth _____ Salutation/Nickname _____ Grade _____ <input type="checkbox"/> M <input type="checkbox"/> F Allergies or special needs: _____ _____
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CHILD INFO	Child's Full Name _____ Date of Birth _____ Salutation/Nickname _____ Grade _____ <input type="checkbox"/> M <input type="checkbox"/> F Allergies or special needs: _____ _____
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(see back to add more children)

VOLUNTEER	Our Children's Ministry is entirely dependent upon volunteers. All parents are strongly encouraged to serve in some capacity. Please check below your area of interest. We will contact you with further information.  <input type="checkbox"/> Early Childhood (birth-K) <input type="checkbox"/> Elementary (1 <sup>st</sup> -5 <sup>th</sup> Grades) <input type="checkbox"/> Musicians <input type="checkbox"/> Worship Leaders <input type="checkbox"/> Tech help
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**In the event of an emergency, I authorize first aid or medical treatment for this child and I release First Christian Church from any and all responsibility in connection therewith.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

CHILD INFO	Child's Full Name _____ Date of Birth _____ Nickname _____ Grade _____ <input type="checkbox"/> M <input type="checkbox"/> F Allergies or special needs: _____ _____
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Office Use Only Entered by: _____ Date: _____ Comments: _____
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