

## FBC Children's Ministry Registration

**\*Please print in INK and use one form per child.**

Today's date \_\_\_\_\_

Child's name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Male     Female    Age \_\_\_\_ Birthdate: month\_\_day\_\_year\_\_

**Grade as of 9/05**  Nursery  2's  3's  4's  K's  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Best time to call:  morning  afternoon  evening  anytime

Allergies; other health issues: \_\_\_\_\_

What would you like us to know about your child? \_\_\_\_\_

When will your child be attending Sunday School?  9:00  9:00 & 10:30  10:30

I would like to volunteer in children's ministry:  teaching  group leader  substitute

I would like to be involved in my child's classroom.