

FBC Children's Ministry Registration 2007-08

Child's Date of Birth _____ Gender _____ Kindergarten start date, if known _____

Child's **LAST** Name _____ **FIRST** Name _____

Mother's Name _____ Father's Name _____

Address _____ City / State _____

Zip code _____ Email _____

Home Phone () _____ Alternate Phone () _____

List your child's allergies or special medical needs if applicable: _____

Who may pick up your child? _____

What else would you like your child's teacher to know about him/her? _____

Which hour(s) will your child be in Sunday School (please mark one below):

9 am 10:30 am both 9 am and 10:30 am

Date _____

**CIRCLE ONE
for Fall of 2007 :**

Nursery

Twos

Threes

Pre-Kind

Kindergarten

First

Second

Third

Fourth

Fifth

Sixth

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