

FBC Children's Ministry Registration 2009-10

Child's Date of Birth _____ Gender _____ Kinder start date (if 3 or Pre-K) _____

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: _____

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

Are you willing to help in Children's Ministry ? If so, how? _____

**CIRCLE ONE
for Fall of 2009 :**

Nursery

Twos

Threes

Pre-Kind

Kindergarten

First

Second

Third

Fourth

Fifth

Sixth

Date _____