



Mark 1: 17 Becoming Fishers of Men

CHILD WILL ATTEND: Nursery _____ Tuesday Evenings _____ Sunday morning Children's Activities _____

NAME _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Age _____ Grade _____ Date of Birth _____

Church your family attends _____

School _____

Parent/Guardian Names _____

Address & Phone if different from above _____

City _____ State _____ zip _____

Emergency Phone numbers for Parents:

Dad's Cell _____ Work _____

Mom's Cell _____ Work _____

E-mail Address: _____

Additional Emergency Contact Name & Number:

Friend - _____ Number _____

Family Member _____ Number _____



Medical Information:

Please list any known allergies or special needs

Some things I would like to know about your child:

Has your child ask Jesus into his/her heart? _____ When? _____

Has your child been baptized? _____ What age? _____

Favorite Color _____

Favorite thing _____

Sports/ Hobbies

Is there any thing else I should know about your child? _____

Date: _____

Parent Signature: _____