



Children's Ministries Sunday Family Registration

For Office Use Only:

Date Received: _____

Assignment: _____

Roster

Name Tag

Today's Date: _____

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell phone(s): _____

Email: _____

Authorized to pick up: Mother Father Other _____

Preschool Children Must Be Age 3 By September 1, 2011.

First Child's Last Name: _____ First Name: _____
 Date of Birth (month/day/year): _____ Male Female
 ____/____/____ Session child will be attending. 8:45 a.m. 10:30 a.m.
 Age Grade
 Special Notes _____
 Medical Alert/Allergies _____

Second Child's Last Name: _____ First Name: _____
 Date of Birth (month/day/year): _____ Male Female
 ____/____/____ Session child will be attending. 8:45 a.m. 10:30 a.m.
 Age Grade
 Special Notes _____
 Medical Alert/Allergies _____

Third Child's Last Name: _____ First Name: _____
 Date of Birth (month/day/year): _____ Male Female
 ____/____/____ Session child will be attending. 8:45 a.m. 10:30 a.m.
 Age Grade
 Special Notes _____
 Medical Alert/Allergies _____

We depend on our partners to make our ministries work. Please let us know where you could serve in Children's Ministries:

- Classroom (teach/assist) Special Events/Projects
 Support Team (welcome desk, supply team, etc.) Other _____

Family of Christ Lutheran Church is deeply committed to your family and the church working together for the spiritual welfare of your child(ren). Children's Ministries occasionally take photos for promotional use. If you would like your child(ren) excluded from being shown, please contact the office. Otherwise, we will consider this signature consent for such purposes.

Parent's Signature _____ Date: _____

Please submit completed form to the Children's Ministry Office.