



# Children's Ministries Sunday Family Registration

**For Office Use Only:**

Date Received: \_\_\_\_\_

Family Number: \_\_\_\_\_

Name tag

Roster

Shelby

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to pick up:  Mother  Father  Other \_\_\_\_\_

**Preschool Children Must Be Age 3 By September 1, 2009.**

First Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_  Male  Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sunday School 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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sunday School 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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sunday School Session child will be attending.  8:45 a.m.  10:30 a.m.

Age Grade

Special Notes \_\_\_\_\_

Medical Alert/Allergies \_\_\_\_\_

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: \_\_\_\_\_