

# CHILDREN'S MINISTRY REGISTRATION FORM

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age group or Grade (circle one):

2-12 months    12-16 months    16-24 months    2 years    3 years    4 years

PK/K 5    Grade 1    Grade 2    Grade 3    Grade 4    Grade 5    Grade 6

Parent(s): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Languages Spoken at Home (Circle all that apply):

Mandarin    Cantonese    English    Korean    Spanish    Other: \_\_\_\_\_

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Child's Allergies/Special Needs:

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Child is (circle one):

first time visitor    Guest of \_\_\_\_\_    Regular attendee

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_