

# Freshwater Community Church

## Children's Registration Form

Please PRINT and complete this card in its entirety. You may use the back for additional information.

Dad Step Dad (Last Name) \_\_\_\_\_ (First) \_\_\_\_\_ DOB \_\_\_\_\_

Mom Step Mom (Last Name) \_\_\_\_\_ (First) \_\_\_\_\_ DOB \_\_\_\_\_

OR "Guardian" if you are responsible for the child, but not the child's parent

Guardian's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Child's Name & Nickname	Birth Date	Sex	Age	Grade	Allergies/Special Needs
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(Please give last name if different)

(MM/DD/YY)

(M/F)

1. _____	_____	_____	_____	_____	_____
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2. _____	_____	_____	_____	_____	_____
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3. _____	_____	_____	_____	_____	_____
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4. _____	_____	_____	_____	_____	_____
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5. _____	_____	_____	_____	_____	_____
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Visiting Member Attendee

Date \_\_\_\_\_



## Children's Registration Card

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