

CHILDREN'S MINISTRY REGISTRATION FORM

Child Name _____ **M or F**
2017/18 Grade _____ Date of Birth _____ Baptized Y or N
Allergies: _____

PLEASE CHECK ALL THAT APPLY

Sunday School

8:15 (children's church) _____ 9:35 (full SS) _____ 11:00 (children's church) _____

Discovery Club (Wed. from 5:30-6:45) _____ Childcare _____

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Peace Member OR Peace Attender (please circle)

Mother's Name _____
Cell Phone _____ **Carrier** _____
Email _____
Address _____ City & Zip _____

Father's Name _____
Cell Phone _____ **Carrier** _____
Email _____
Address _____ City & Zip _____

Emergency Contact:

Name _____
Relationship _____ Phone _____

Y or N I give permission for my child's picture to be used on the Peace website.
No names will be used. Pictures will be taken during programming.

Y or N I would like to help with Sunday school. Please contact me with
volunteer opportunities.

Y or N I would like to help with Discovery Club. Please contact me with
volunteer opportunities.