

FAMILY REGISTRATION FORM

Parent/Guardian Information:

Name of Parent/Guardian #1: _____ DOB: _____

Cell Phone: _____ Email: _____

Name of Parent/Guardian #2: _____ DOB: _____

Cell Phone: _____ Email: _____

Status of Parents/Guardians: Married Separated Divorced Single

Child(ren) Lives With: _____

Child(ren) Primary Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Is there any family information you would like us to be aware of (i.e. If there are any custody issues, etc.)?

Photo Permissions: Every now and then, we have photographers in classroom for promotional opportunities here at Grace. By checking the box below, you are giving us your consent to have your child(ren) in the photos. If you do not wish to have your child(ren) photographed then please do not check the box. Thank you!

- I give you permission to photograph my child(ren)
 I do not give you permission to photograph my child(ren)

If the Parents/Guardian(s) do not regularly bring the child(ren) or if you have someone you would like to pick up and drop off your child who is not in your primary household, contact information for who does:

Name Adult(s): _____

Cell/Home Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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Child(ren's) Information:

Tag #: _____
Name (First & Last): _____ M/F DOB: _____ Age: _____
School/Homeschool Group/Preschool: _____ Grade: _____
Allergies (Food & Medical): _____

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Do you have any questions for us?

How would you like to be involved with Children's Ministry here at Grace? (Please check one or more)

- Parent Fill-In Prep Club Volunteer Appreciation
 Holiday Help Special Events