



Coral Ridge Presbyterian Church

Children's Ministries 2009-2010 Family Registration Form

Today's Date: _____

Parents' Names: _____

Home Address: _____

Home #: _____ E-mail: _____

Dad's #: (cell) _____ Mom's #: (cell) _____

Complete information for each child below.

| | <u>Child's Name</u> | <u>Sex</u> | <u>Date of Birth</u> | <u>Grade</u> | <u>School</u> |
|----|---------------------|------------|----------------------|--------------|---------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

Special Instructions / Allergies: _____

****I understand that I need to check my child(ren) into their class and when picking them up I am required to present the security label I received at check-in. For the safety of all our children, please do not enter your child's room.**

Parent's Signature: _____

For Members or Regular Attendees Only

Parent Participation: *I understand that I am needed to volunteer once a month in - (circle one)*

1st Service

Sunday School

2nd Service

Wednesday Night