

# BC Children's Ministries Registration Form

|               |
|---------------|
| Today's Date: |
| Occasion:     |

## Household Information

|                       |                      |      |
|-----------------------|----------------------|------|
| Parent/Guardian Name: | Marital Status:      |      |
|                       | Relationship:        |      |
| Parent/Guardian Name: | Marital Status:      |      |
|                       | Relationship:        |      |
| Street Address:       | Apt:                 |      |
| City:                 | State:               | Zip: |
| Home Phone: (    )    | Email Address:       |      |
| #1 Cell Phone:(    )  | #2 Cell Phone:(    ) |      |

## Brought By: (if other than parent/guardian)

|                    |                   |      |
|--------------------|-------------------|------|
| Adult's Name:      | Relationship:     |      |
| Street Address:    | Apt:              |      |
| City:              | State:            | Zip: |
| Home Phone: (    ) | Cell Phone:(    ) |      |

## Children's Information

| Child's Name: (First, Middle, Last) | Date Of Birth | Age | Grade | Allergies/Medical Conditions |
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