



Date \_\_\_\_\_

Foster City

Millbrae

Family # \_\_\_\_\_

Please complete this form and return it to the registration table. Upon receipt of this completed form, your child(ren) will be added to the appropriate class list, simplifying check-in and communicating medical and security information. If you have more children to register, fill out the parent, address and children's name section on another form and attach it to this one.

### Parent 1

Name \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Male  Female

Would you like to receive text messages from Children's Ministry? If so enter your carrier. \_\_\_\_\_

### Parent 2

Name \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Male  Female

Would you like to receive text messages from Children's Ministry? If so enter your carrier. \_\_\_\_\_

### Household Information

Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Where do(es) child(ren) live?  Both parents  Mother  Father  Other \_\_\_\_\_

### List children in order from oldest to youngest.

#### Child 1

Name \_\_\_\_\_

Birthday      /      /      Grade \_\_\_\_\_

Special instructions / Allergies \_\_\_\_\_

Male  Female

#### Child 3

Name \_\_\_\_\_

Birthday      /      /      Grade \_\_\_\_\_

Special instructions / Allergies \_\_\_\_\_

Male  Female

#### Child 2

Name \_\_\_\_\_

Birthday      /      /      Grade \_\_\_\_\_

Special instructions / Allergies \_\_\_\_\_

Male  Female

#### Child 4

Name \_\_\_\_\_

Birthday      /      /      Grade \_\_\_\_\_

Special instructions / Allergies \_\_\_\_\_

Male  Female

Please list any ADULTS, not previously listed, that are authorized to pick up your children \_\_\_\_\_

Your child may be photographed while participating at Central Peninsula Church. Their photo may be used for promoting or sharing activities from Children's Ministry or church related events, in printed materials and/or electronically on the church website.

Parent/Guardian Signature \_\_\_\_\_