

Welcome to Creekside Christian Church! Upon completion, please return this form to the Children's Ministry check-in attendant. The attendant will then assign your child(ren) to the appropriate classroom and print a name badge and receipt tag which will complete the check-in process. If you have more children to register, please fill out the parent/guardian name and child section on another form and attach it to this one.

Parent/Guardian 1

Full Name _____

Home Phone: _____

Cell Phone: _____

Marital Status married single separated
 divorced widowed

Family Email: _____

Address: _____

City: _____ Zip: _____

Your relation to child: _____

Parent/Guardian 2

Full Name _____

Home Phone: _____

Cell Phone: _____

Marital Status married single separated
 divorced widowed

Family Email: _____

Address: _____

City: _____ Zip: _____

Your relation to child: _____

Child 1

Name _____

Birthday ____ / ____ / ____ Grade ____

Male Female

Allergies/health issues/restrictions:

Child 2

Name _____

Birthday ____ / ____ / ____ Grade ____

Male Female

Allergies/health issues/restrictions:

Child 3

Name _____

Birthday ____ / ____ / ____ Grade ____

Male Female

Allergies/health issues/restrictions:

Child 4

Name _____

Birthday ____ / ____ / ____ Grade ____

Male Female

Allergies/health issues/restrictions:

Emergency Contact: *(Used if none of the phone numbers listed above can be reached.)*

Name _____ Phone _____ Relationship to child _____

By checking this box, I authorize Creekside Christian Church to publish photos on their websites and brochures for promotional purposes only.

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