

FAMILY REGISTRATION  
**Children's Ministry Family Registration Form**  
**Birth through 5<sup>th</sup> Grade**

**Parent/Guardian/s:** \_\_\_\_\_  
*Dad* *Mom* *Last*

Address: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Mom's Work# \_\_\_\_\_ Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_

Dad's Work# \_\_\_\_\_ Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_

- Please list the first name (& last if different) that you wish your children to be addressed by (nickname etc.).
- Special needs category will indicate allergies or special instructions.

NAME/NICKNAME (last if different)	M/F	AGE	GRADE	D O B	SPECIAL NEEDS/ ALLERGIES
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

Is this your first time to visit StoneBridge Christian Church? Yes \_\_\_ No \_\_\_

Service I am attending today: Sunday 9:30am 11:00am 6:00pm // Wed. 7:00pm

Please sign me up for the Children's Ministries E-newsletter. My email is written above.

**How did you first learn about StoneBridge?** Friend/Family Location Website Egg Hunt  
Trunk-or-Treat Fireworks Bonanza Summer Camp Other \_\_\_\_\_

Any additional notes: \_\_\_\_\_

# VISITING FROM OUT OF TOWN FAMILY REGISTRATION

Please complete the minimum information in gray.  
 If you are a guest of someone from StoneBridge, you may register your children as visitors in their household. What is this family's name? \_\_\_\_\_  
 Ask the check-in volunteer about this.

## Children's Ministry Family Registration Form 2010 Birth through 5<sup>th</sup> Grade

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*Dad* *Mom* *Last*

Address: \_\_\_\_\_

City, ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Mom's Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_

Dad's Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_

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