

FAMILY REGISTRATION

Children's Ministry Family Registration Form

Birth through 5th 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: _____