



CHILDREN'S MINISTRY REGISTRATION FORM
2011-2012

Today's Date

Child's Name Male Female Date of Birth

Street Address City State Zip Code

Age: _____ Grade: _____ School: _____

Mother's Name Father's Name

Primary Phone Number Primary Phone Number

Email Address Email Address

Others Authorized to Pick Up (must be 18 years or older)

Member of Harmony Baptist Church Yes No Guest Yes No

Allergies or other medical conditions (please be specific):

Emergency Contact (1): _____ Phone Number: _____

Emergency Contact (2): _____ Phone Number: _____

Anything else about your child that you feel we need to know: _____

Office Use Only

Date Rcvd: _____



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Additional Information for Infants and Toddlers (Birth to 3 years)

Today's Date

Child's Name

Parent's Name

Registration Form Completed **yes** **no** (If no, please go to the Welcome Desk and Complete)

Please check the following that apply to your child's needs:

- Bottle Sippy Cup
- Nursing
- Diaper
- Potty Training
- Nap
- Snacks Ok Snacks provided by you for your child in his/her bag
- Diaper Bag
- Pacifier

Security Alert , Please tell Nursery Manager or Nursery Workers or a Staff Member if this applies

Medical Alert , Please list: _____

Allergy, Please list: _____

Special Instructions or any other information we may need to know: _____

Guest