



CHILDREN'S MINISTRY REGISTRATION FORM

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: _____