

# Children's Ministries New Family Registration Form

Fill this out and check-in next week will be a breeze!

This information will be used for our records only. You will not be added to any promotional "mailing lists" at any time.

But... uh... to be honest, we'd like to send you a "thanks for visiting" note and gift. ☺

Date: \_\_\_\_\_

## Family Info:

Last Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Children Info:

First Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Allergies or special needs? \_\_\_\_\_

Second Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Allergies or special needs? \_\_\_\_\_

Third Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Allergies or special needs? \_\_\_\_\_

Fourth Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Allergies or special needs? \_\_\_\_\_

Fifth Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Allergies or special needs? \_\_\_\_\_

## Other info:

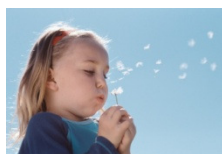
How did you hear about us? \_\_\_\_\_

Do you attend church? \_\_\_\_\_ Which one? \_\_\_\_\_

What schools do your kids attend? \_\_\_\_\_

Would you like us to send you any information about:    Small Groups    Kids Ministry    Outreach    Volunteering

We're glad you came today!



Eastridge Covenant Church Children's Ministry  
14100 SE Sunnyside Rd. Clackamas, OR 97015  
503.855.3970 \* danae@eastridgechurch.org