

Registration* Jubilee Church
Children's and Youth Ministry

9/2012 to 8/2013

Child's Name: _____

Last

First

Date of Birth _____ Current Age _____ Current Grade _____

month/day/year

Parent(s)/Guardian(s) Name: _____

Relationship to child/youth: _____

Address: _____

Street/Apt. #

City/state

zip

Phone Number(____) _____ Cell(____) _____ E-mail _____

Would you like to be contacted? Yes No

Special Considerations: Health/Diet/Allergies/Home Environment/etc: _____

Permission for your child to receive snacks/treats: Yes No
(Snacks generally consist of juice and crackers/cookies. Treats may be special occasion baked goods, candy, ice cream, etc.)

Infants and Toddlers: Permission to change your child's diaper? Yes No

Any Special instructions for your child? _____

Any additional information or comments? _____

Are you willing to serve in the children's or youth ministry? Yes No

Reviewed/Updated Fall 2011 _____ 2012 _____ 2013 _____ 2014 _____ 2015 _____
(Please initial each year reviewed and updated)

Parent/Guardian Signature

Date