

# Welcome to Our Childhood Ministry

- Visitor  
 Out-of-town guest  
 New member

- Bible study  
 Morning worship  
 Evening worship

Today's Date: \_\_\_\_\_

Boy       Girl

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's or Guardian's Names: \_\_\_\_\_ Child's School Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Special Instructions/Allergies: \_\_\_\_\_

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Preschool/Children's Class: \_\_\_\_\_ Location of Parent  
or Guardian: \_\_\_\_\_

***Thank you for sharing your child with us today!***

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