



# FAMILY REGISTRATION FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hour:  8:15 a.m.  9:30 a.m.  11:00 a.m. Life Group: \_\_\_\_\_

## YOUR INFORMATION:

Mr. / Mrs. / Ms. / Single / Married / Student

Name: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_  I can receive text messages.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Spouse name: \_\_\_\_\_ Spouse birthdate (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse phone: \_\_\_\_\_ Spouse email: \_\_\_\_\_

## CHILD INFORMATION (Please enter information for each child from birth through 5th grade.):

### CHILD #1

Name: \_\_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ School attending: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Learning differences or special needs

### CHILD #2

Name: \_\_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ School attending: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Learning differences or special needs

### CHILD #3

Name: \_\_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ School attending: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Learning differences or special needs

### CHILD #4

Name: \_\_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ School attending: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Learning differences or special needs