

# Children's Ministry Guest Registration

Canyon Hills Community Church

DATE: _____
CALL BOARD # _____

## PARENT INFORMATION

FIRST NAME(S) \_\_\_\_\_

LAST NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

### TO CONTACT ME DURING THE SERVICE, PLEASE USE:

Family ID Number    
  Text (Cell Provider \_\_\_\_\_)    
  Email (above)

## CHILD INFORMATION

1. NAME \_\_\_\_\_ GENDER \_\_\_\_\_

AGE \_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

COMMENTS \_\_\_\_\_

2. NAME \_\_\_\_\_ GENDER \_\_\_\_\_

AGE \_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

COMMENTS \_\_\_\_\_

3. NAME \_\_\_\_\_ GENDER \_\_\_\_\_

AGE \_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

COMMENTS \_\_\_\_\_

4. NAME \_\_\_\_\_ GENDER \_\_\_\_\_

AGE \_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

COMMENTS \_\_\_\_\_

<u>NURSERY</u>			
0-7 MO.	INFANTS		#1
8-13 MO.	CRAWLERS		#2
14-21 MO.	BABY STEPS		#4
22-28 MO.	RUN-ABOUTS		#5
29-35 MO.	GALLOPERS		#6
<u>PRESCHOOL</u>			
3/4s A-L	DOLPHIN		#5
3/4s M-Z	P.BEAR		#4
*4YR BEFORE ↓ SEPT 1, 2016 AFTER ↑			
4/5s A-L	TOUCAN		#1
4/5s M-Z	MONKEY		#2
Ks A-L	TURTLE		#8
Ks M-Z	CAMEL		#7
<u>ELEMENTARY</u>			
1ST A-K	UZBEKISTAN		#1
1ST L-Z	CHINA		#3
2ND A-K	ETHIOPIA		#4
2ND L-Z	MOROCCO		#5
3RD GIRLS	INDIA		#6
3RD BOYS	THAILAND		#7
<u>UPSTAIRS:</u>			
4TH	GIRLS		#205
4TH	BOYS		#204
5TH	GIRLS		#207
5TH	BOYS		#206
<u>SPECIAL NEEDS</u>			
#6 WHALE:			

<b>STAFF NOTES:</b>	<input type="checkbox"/> ENTERED INTO PP <input type="checkbox"/> SENT POSTCARD <input type="checkbox"/> EM <input type="checkbox"/> F1
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