

Church at the Crossing *Kids! Ministry*
REGISTRATION FORM



Please check one:

- Regular Attender Return Guest
 First-time Visitor Out of Town Visitor
If you are a visitor, do you have a church home? Yes No

Family information:

Father's Name _____ Attending today? Yes No
 Mother's Name _____ Attending today? Yes No
 Address _____ State _____ Zip _____
 Home Phone _____ Family Email _____
 Mother's Cell Phone _____ Father's Cell Phone _____

Child/Children information:

Child's Name	Gender	Date of Birth	Grade	School Name	Medical/Allergy, special needs, or custody issues?

This form will be kept on file for the duration that your child is in Kids! Ministry at Church at the Crossing. Please let us know if any of the above information changes.

The Kids! Ministry is entirely dependent on volunteers. All regularly attending parents are strongly encouraged to serve in some capacity. Please tell us where you would like to serve! We will contact you after you have attended for six weeks.

Preschool:

- Teacher
 Helper
 Special Needs Children
 Worship Arts

Elementary:

- Mentor
 Kids! Welcoming Desk
 Special Needs Children
 Worship Arts

OFFICE USE

Date received _____