

FAMILY REGISTRATION FORM

Head of Household (Primary Guardian) Information:

Gender FEMALE MALE

Last Name

First Name

Nickname / Salutation

Birthday

Cell Phone

Cell Phone Carrier
(Used for Cancellations or Emergencies Only)

E-mail Address

Marital Status

Relationship to Child(ren)

Parent Legal Guardian
 Grandparent Other _____

Street Address

City / State / Zip Code

Main / Home Phone

(You will use the last four digits of this number for check-in.)

Unlisted YES NO

Spouse or Other Guardian Information:

Gender FEMALE MALE

Last Name

First Name

Nickname / Salutation

Birthday

Cell Phone

Cell Phone Carrier
(Used for Cancellations or Emergencies Only)

E-mail Address

Marital Status

Relationship to Child(ren)

Parent Legal Guardian
 Grandparent Other _____

Street Address (if different)

City / State / Zip Code

Your children will be coded for all services. It is your responsibility to notify the Central Kids Staff in your child's area of your location when you are NOT in the Worship Center.

Children's Information:

First & Last Name	Name to print on tags	Gender	Birthday	Grade
#1		<input type="radio"/> FEMALE <input type="radio"/> MALE		
Allergies / Special Needs				
#2		<input type="radio"/> FEMALE <input type="radio"/> MALE		
Allergies / Special Needs				
#3		<input type="radio"/> FEMALE <input type="radio"/> MALE		
Allergies / Special Needs				
#4		<input type="radio"/> FEMALE <input type="radio"/> MALE		
Allergies / Special Needs				
#5		<input type="radio"/> FEMALE <input type="radio"/> MALE		
Allergies / Special Needs				

Signature _____

Office Use Only: Date Received _____ Date Coded _____ WPM _____
Pager # _____