

# NCC CHILDREN'S MINISTRY Registration Form

Which Campus:  Fairburn  PTC

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

Sun-9:00am OR  Sun-11:00am

First Time OR  Returning



Please **PRINT** clearly!

Child's Name: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: _____ Age: _____	
Allergies/ _____	
Health Concerns: _____	
Parent's Name/ or Guardian : _____	<input type="checkbox"/> Married <input type="checkbox"/> Single
Cell #: _____ (Please put your phone on vibrate during service in the event that we need you.)	
Address: _____	
City, State, ZIP: _____	
Email Address: _____	

## Emergency contact required:

Name ONE other adult permitted to pick up your child other than you, the parent or guardian:

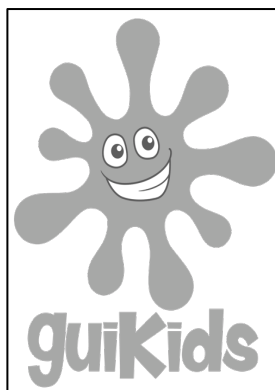
Name: \_\_\_\_\_

(Picture ID Required)

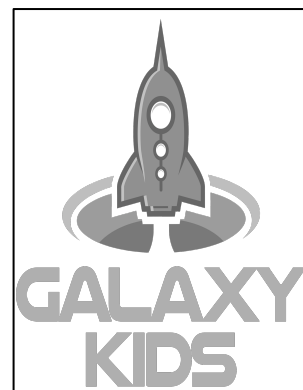
Contact #: \_\_\_\_\_



6 wks to 2 yrs



3 yrs -  
Kindergarten



1st-4th Grade