



Children's Ministry Student Registration Form

Family Surname		
Mailing Address		City, State, Zip Code
Mother's name, contact phone and email address		
Father's name, contact phone and email address		
Emergency Contact Name and phone		
Are you willing for your child's picture to be posted of MFCC's website and/or social media sites (without names listed): Yes _____ No _____		
Child #1 Name	Birthdate	Grade/ School
Does your child have any allergies or medical concerns? Yes _____ No _____ (please list and describe the allergic reaction or concern)		
Has your child made a decision to accept Jesus as his/her personal Savior?		Who has permission to pick up your child from class?
Please share any comments about your child that would be helpful for his/her teacher to know (continue on reverse side if needed).		
Child #2 Name	Birthdate	Grade/ School
Does your child have any allergies or medical concerns? Yes _____ No _____ (please list and describe the allergic reaction or concern)		
Has your child made a decision to accept Jesus as his/her personal Savior?		Who has permission to pick up your child from class?
Please share any comments about your child that would be helpful for his/her teacher to know (continue on reverse side if needed).		



Child #3 Name	Birthdate	Grade/ School
Does your child have any allergies or medical concerns? Yes _____ No _____ (please list and describe the allergic reaction or concern)		
Has your child made a decision to accept Jesus as his/her personal Savior?		Who has permission to pick up your child from class?
Please share any comments about your child that would be helpful for his/her teacher to know (continue on reverse side if needed).		
Child #4 Name	Birthdate	Grade/ School
Does your child have any allergies or medical concerns? Yes _____ No _____ (please list and describe the allergic reaction or concern)		
Has your child made a decision to accept Jesus as his/her personal Savior?		Who has permission to pick up your child from class?
Please share any comments about your child that would be helpful for his/her teacher to know (continue on reverse side if needed).		

I would like information about helping in the following ways:

- Teacher
- Games
- Prayer Partner
- Special Events
- Substitute Teacher
- Music
- Special Needs Child Aid
- Other _____
- Bulletin Board Aid
- Nursery Care
- Supply Room Organizer
- Crafts
- Object Lessons
- Toy Cleaner

Parent's Signature _____ Date _____