



Welcome to Glad Tidings' Kids Ministry. The purpose of this form is to enroll your child in our programs, to develop and nurture ongoing relationships with you and your child and to inform you of program updates and upcoming opportunities at our church. We look forward to serving you and your child/children.

Date: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Mother/Guardian

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

CHILD #1 INFORMATION

Name: _____ Male Female

Age: _____ Grade: _____ Date of Birth: _____

School: _____

Allergies or special needs: _____

Is there anything else you would like us to know about your child?:

CHILD #2 INFORMATION

Name:

Male Female

Age: Grade:

Date of Birth:

School:

Allergies or special needs:

Is there anything else you would like us to know about your child?:

CHILD #3 INFORMATION

Name:

Male Female

Age: Grade:

Date of Birth:

School:

Allergies or special needs:

Is there anything else you would like us to know about your child?:

CHILD #4 INFORMATION

Name:

Male Female

Age: Grade:

Date of Birth:

School:

Allergies or special needs:

Is there anything else you would like us to know about your child?: