

Kids Ministry Registration

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 INFORMATIO	N				
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:				☐ Female				
Age:	Grade:	Date of Birth:						
School:								
Allergies	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?:								
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CIII D.#	A INFORMATION							
	4 INFORMATION							
Name:	Consider	Data of Dialla.	☐ Male	☐ Female				
Age:	Grade:	Date of Birth:						
School:	or special needs:							
Allergies	or special needs:							
Is there anything else you would like us to know about your child?:								
		,						