

# Shalom Children Registration Form



A parent or legal guardian should fill out this form for each child. This form will be kept on file to best serve you and your family. Please return the completed form to the church office or to Susie Lewis. Thank you!

**PLEASE PRINT**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  Male  Female

Age \_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_ Grade Level \_\_\_\_\_ School Attending \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_

Phone Number \_\_\_\_\_  Home  Cell Phone Number \_\_\_\_\_  Home  Cell

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**Please complete the following as it applies to your child:**

Allergies: \_\_\_\_\_

Physical Challenges: \_\_\_\_\_

Medications: \_\_\_\_\_

*Is there anything else you would like for us to know about your child to help make his/her experience at Shalom fruitful?* \_\_\_\_\_

**Emergency Contacts (other than Parent/Guardian):**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_  Home  Cell

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_  Home  Cell

Are you interested in volunteering your time and talents for Children's Ministry at Shalom?  Yes  No

Do you give Shalom permission to use pictures for the church website, monthly newsletter and/or bulletin board that involves your child?  Yes  No

**\*Children must be picked up by a parent/guardian. They will not be released to underage siblings.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date