



CHILDREN'S MINISTRY REGISTRATION FORM  
2011-2012

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

\_\_\_\_\_  
Child's Name  Male  Female Date of Birth

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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\_\_\_\_\_  
Mother's Name Father's Name

\_\_\_\_\_  
Primary Phone Number Primary Phone Number

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

\_\_\_\_\_  
Others Authorized to Pick Up (must be 18 years or older)

Member of Harmony Baptist Church  Yes  No Guest  Yes  No

**Allergies or other medical conditions (please be specific):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (1): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact (2): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Anything else about your child that you feel we need to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Date Rcvd: \_\_\_\_\_