



Child Registration

Welcome to Eastgate Church Children's Ministry

Today's Date: _____

Children's Information

Child's First Name: _____ Child's Last Name: _____

Birthday (mm/dd/yy): _____ Grade in School: _____ Gender: M F

Allergies or other medical conditions: _____

Special Instructions: _____

Child's First Name: _____ Child's Last Name: _____

Birthday (mm/dd/yy): _____ Grade in School: _____ Gender: M F

Allergies or other medical conditions: _____

Special Instructions: _____

Child's First Name: _____ Child's Last Name: _____

Birthday (mm/dd/yy): _____ Grade in School: _____ Gender: M F

Allergies or other medical conditions: _____

Special Instructions: _____

Child's First Name: _____ Child's Last Name: _____

Birthday (mm/dd/yy): _____ Grade in School: _____ Gender: M F

Allergies or other medical conditions: _____

Special Instructions: _____

Parent/Guardian Information

First & Last Name: _____ Relationship to Child: _____

Cell Phone Number for Text Alerts: _____

(You will receive an SMS text message if you are needed in the child's room)

Permission to take and use photos of your children for promotional purposes for our Children's Ministry?

YES ___ NO ___ Signature: _____