



STEP 1

Parent/Guardian 1

Full Name: _____
 Cell Phone: _____
 Email: _____
 Birth Date: ____/____/____
 Relationship to Child: _____
 Does this parent live at the address below? Y/N

Parent/Guardian 2

Full Name: _____
 Cell Phone: _____
 Email: _____
 Birth Date: ____/____/____
 Relationship to Child: _____
 Does this parent live at the address below? Y/N

List the names of others authorized to pick up your child: _____

STEP 2 Address Information (primary residence of child)

Home Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

STEP 3 Individual Kid's Information

1st Child

First Name: _____ Last Name: _____ Birth Date: ____/____/____ Gender: _____
 Grade: _____ School: _____
 Allergies/Special Needs: _____

2nd Child

First Name: _____ Last Name: _____ Birth Date: ____/____/____ Gender: _____
 Grade: _____ School: _____
 Allergies/Special Needs: _____

3rd Child

First Name: _____ Last Name: _____ Birth Date: ____/____/____ Gender: _____
 Grade: _____ School: _____
 Allergies/Special Needs: _____

- ✓ By registering my child for Christ Church Anglican Children's Ministry/Discovery Zone!, I authorize that my child's image may be photographed, filmed and be used in video, print, and web presentations.
- ✓ By giving my email address, I understand that I will be added to Christ Church Anglican's mailing list. Christ Church will not give your personal information to any third parties.
- ✓ By signing this registration form, I agree to the policies and procedures for CCA Children's Ministry and Discovery Zone! as given in writing on this registration date.

Parent Signature _____ Date ____/____/____