



Metrocrest
COMMUNITY CHURCH
Loving God, Loving People

Metrocrest Community Church Children's Registration Form

DATE: _____

Family Information:

We happily welcome all children. For safety reasons, all children must have a registration form on file.

Parent Name: _____ Cell Phone: _____ Email: _____

Parent Name: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

If you should be needed during the service can we text you? _____

Child Information:

For elementary age children and below parents must list the people authorized to pick child up. If you have more than three children, please write the additional information on the back of this form.

Child's Name: _____ **Age** _____

Date of Birth: _____ Current Grade _____

Special Info: (food Allergies/Medical Needs) _____

Person authorized to pick up child _____

Child's Name: _____ **Age** _____

Date of Birth: _____ Current Grade _____

Special Info: (food Allergies, etc.) _____

Person authorized to pick up child _____

Child's Name: _____ **Age** _____

Date of Birth: _____ Current Grade _____

Special Info: (food Allergies, etc.) _____

Person authorized to pick up child _____