

MEMORIAL PRESBYTERIAN CHURCH

CHILD REGISTRATION

1310 ASHMAN STREET, MIDLAND, MICHIGAN 48640

Child Name _____

Parent/Guardian Name _____

Street Address _____

City, State ZIP _____

Phone Number(s) _____

Email Address(es) _____

Birthdate _____

Grade _____

Baptism Date, Place _____

Food Allergies _____

Any Additional Notes _____

Yes / No I understand that photographs/videos being taken may include my child.

Yes / No I consent that my child receives snacks.

Parent/Guardian Signature _____

Date _____

**PLEASE RETURN THIS COMPLETED FORM TO CHILDREN'S MINISTRY DIRECTOR.
THANK YOU!**