



Living Truth Church
Children's Church Registration Form

Parents/Guardians:

Today's Date: _____

Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Cell Phone: _____ **Home Phone:** _____

Email Address: _____

First Child:

Name: _____

Birth Date: _____

Grade/age: _____

Allergies/Medical: _____

Second:

Name: _____

Birth Date: _____

Grade/age: _____

Allergies/Medical: _____

Third Child:

Name: _____

Birth Date: _____

Grade: _____

Allergies/Medical: _____

Fourth Child:

Name: _____

Birth Date: _____

Grade: _____

Allergies/Medical: _____

Date Entered: _____

Registration Attendant Signature:
