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Children's Ministry Family Registration

☐1st Time Visitor Date: ___/____/____ ☐ Yes! Enroll me in Bible Study ☐ Guest Registration ☐ Change of Information

Head of Household/Guardian

Person Responsible (if different from parent)

Address _____ City _____ State/Zip _____

Main/Home Phone Number (_____) _____ Cell Phone Number (_____) _____

Email:

Child's Name (First & Last)	Birthdate	Age/Grade	M/F	School	Sunday School Time
					Sun 9:30 am Sun 11:00 am
					CODE

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