

Gate City Kids

Registration for Children's Church

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Email _____

If you wish, include secondary contact information:

Other Phone _____ Email _____

Child's Name	Allergies	Date of Birth	Age	Grade

For registration personnel:

First Visit: Date _____ # _____	Second Visit: Date _____ # _____	Third Visit: Date _____ # _____
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