

POWERZONE CHILDREN'S MINISTRY REGISTRATION FORM

Please fill out completely (1 registration form per family)

| | | | | |
|--|-------------------|-----------------------|--------------------------------------|---------------|
| Family Address: Street and Apt # (if applicable): | | City: | Postal Code: | |
| | | Home Phone: | | |
| | | Email: | | |
| Emergency Phone Number and Contact: | | | | |
| Father's Work Phone: | | Mother's Work Phone: | | |
| Number of Children Attending PGCC: | | Attending PGCC Since: | | |
| PARENT / GUARDIAN / CAREGIVER / ALTERNATIVE PICK -UP INFORMATION | | | | |
| | First Name | Last Name | Relationship | Contact Phone |
| Parent(s) | | | | |
| Person #2 | | | | |
| Person #3 | | | | |
| Person #4 | | | | |
| CHILDREN'S INFORMATION: ONE FORM PER FAMILY (OLDEST TO YOUNGEST - PLEASE) | | | | |
| First Name: | Birthdate:(m/d/y) | M / F | Disabilities/challenges: | |
| Last Name: Brook | | Age: | Medical (Allergies, diabetes, etc.): | |
| School: | | Grade | Legal (Custody alert, foster child): | |
| First Name: | Birthdate:(m/d/y) | M / F | Disabilities/challenges: | |
| Last Name: | | Age: | Medical (Allergies, diabetes, etc.): | |
| School: | | Grade | Legal (Custody alert, foster child): | |
| First Name: | Birthdate:(m/d/y) | M / F | Disabilities/challenges: | |
| Last Name: | | Age: | Medical (Allergies, diabetes, etc.): | |
| School: | | Grade | Legal (Custody alert, foster child): | |
| First Name: | Birthdate:(m/d/y) | M / F | Disabilities/challenges: | |
| Last Name: | | Age: | Medical (Allergies, diabetes, etc.): | |
| School: | | Grade | Legal (Custody alert, foster child): | |

(space for additional children on the reverse)

All information collected on this form will only be used in accordance with the privacy policy of Point Grey Community Church

POWERZONE CHILDREN'S MINISTRY REGISTRATION FORM (side 2)

Please fill out completely (1 registration form per family)

| | | | |
|-------------|-------------------|-------|--------------------------------------|
| First Name: | Birthdate:(m/d/y) | M / F | Disabilities/challenges: |
| Last Name: | | Age: | Medical (Allergies, diabetes, etc.): |
| School: | | Grade | Legal (Custody alert, foster child): |
| First Name: | Birthdate:(m/d/y) | M / F | Disabilities/challenges: |
| Last Name: | | Age: | Medical (Allergies, diabetes, etc.): |
| School: | | Grade | Legal (Custody alert, foster child): |
| First Name: | Birthdate:(m/d/y) | M / F | Disabilities/challenges: |
| Last Name: | | Age: | Medical (Allergies, diabetes, etc.): |
| School: | | Grade | Legal (Custody alert, foster child): |

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