Fall 2009

GRAND PARKWAY BAPTIST CHURCH
Child Registration & Information

Please attach a recent photo of your child or you can email a picture to gpkids@grandparkway.org

Name: _____
First Last

Nickname _____

Birthdate _____ / _____ / _____

Parent/Guardians:

_____
First Last

_____
First Last

Allergies / Special needs or Special Instructions:

_____

_____

Contact Information

Cell Phone: _____ **Texting capabilities:** ☐ **Yes** ☐ **No**

Home Phone: _____

Email Address: _____

Home Address: _____

All parents of preschoolers are expected to serve on the Helping Hands Rotation (serving approximately once every other month. What is your preference for when you serve? **9:15** **11:00**

Are you willing to occasionally serve as a substitute for your child's class or another area in the Children's Ministry? ☐ **Yes** ☐ **No**

I give permission for my child's name/photograph/likeness to be used for church publicity and media publications.

PARENT'S SIGNATURE _____