

PCOR's Children's Ministry
Registration Form 2017

Date: _____ (Please return this form to your Sunday School Teacher or to the Front Office)

Children's Names (Please list all the children in your family)

Last	First	Birth Date & Age	Nursery, Preschool or Current Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Does your child(ren) have any known allergies? YES / NO

Name these allergies & what protocols are necessary for the safety of your child:

(Please use the reverse side if needed)

Does your child have any challenges (physical, behavioral, cognitive or emotional)? YES / NO

Our Church School Director will contact you to discuss your child's needs confidentially. You may also write more details on the back of this form.

Address _____ Home Phone _____

City & Zip _____ Cell Phone _____

Parent Information (if different from above)

Mother's Name: _____	Father Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
EMAIL: _____	EMAIL: _____

I would like information about becoming a volunteer in Children's Ministry: YES / NO

Also be aware that your child's picture MAY be used in brochures, bulletin boards or on the church website. If you would prefer we not use your child's picture, please contact the church office. (SEE OTHER SIDE)



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Office Hours: Tue, Wed, Th 9am-3pm
& Fri 10am-2pm

