## GRACE CHILDREN'S MINISTRIES CHILD REGISTRATION FORM 2019-2020

Child's Name			
Age:	Date of Birth: _	School	ol Grade:
School Name:			
Home Address:	Street		
			y Zip
		er as needed in Grace	
Emergency Contact:		Emergency #	
ALLERGIES/SPEC	CIAL NEEDS:		
Please check the Childr	ren's Ministries your chilo	l is interested in:	
A.M. UpStreet Sui	nday School (Preschool)	FBI (1 <sup>st</sup> & 2 <sup>nd</sup> )	Asbury Singers (1st-2nd)
A.M. UpStreet Sunday School (K-6 <sup>th</sup> )		TAG (3 <sup>rd</sup> -5 <sup>th</sup> )	Asbury Chimers (1st-2nd)
Praise N Play (3-5	yrs, not yet in K)	Acolytes/Worship	Asbury Chorus (3 <sup>rd</sup> -5 <sup>th)</sup>
Mission Possible/Su	mmer 2020 (3 <sup>rd</sup> -5 <sup>th</sup> )	Joyful Singers (4yrs-K)	)Asbury Ringers (3 <sup>rd</sup> -5 <sup>th</sup> )
my child may be photog church. Please note, no	graphed and/or filmed, a ames are never published	nd used in video, print, and	·
Parent Signature .			Date