

# LGN Children's Ministries Registration Form



- Enter New Family  
 Change in Family Information

Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First

Mother's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name	Age	Birthday	Last Grade Completed	Gender	Shirt Size

## ***Individuals Authorized to Pick Up Children***

***The following individuals are authorized to pick up my children from Lake Gibson Church of the Nazarene Children Activities.***

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

## ***Known Allergies***

Child's Name: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_