CHILD'S LAST NAME

\* REQUIRED FIELDS

## college park church FAMILY REGISTRATION FORM

TODAY'S DATE	SERVICE ATTENDING	8	9:45	11:30	MY FAMILY I	Visiting	Enrolling (after 3rd visit only)	Updating	
* FATHER'S NAME  last	first	* <u>CELL#</u>		<u>  WORK#</u>		*EMAIL			
PARENT DOES NOT ATTEND?	ADD PARENT INFO?	Yes 1	No	MARITAL STATUS	Single	Married	Divorced	Other	
*MOTHER'S NAME	first	* <u>CELL #</u>		WORK #		*EMAIL			
PARENT DOES NOT ATTEND?	ADD PARENT INFO?	Yes 1	No	MARITAL STATUS	Single	Married	Divorced	Other	
*PRIMARY PHONE #	*ADDRESS			* <u>c</u>	ITY		* <u>STATE</u>	* <u>ZIP</u>	
(if not parents) PRIMARY CONTACT									
Our policy for onsite dismissal is to release children (birth-6th grade) only to those with a checkout receipt. In the event of a lost receipt, only the person(s) completing this form (over age 16) will be able to pick up the child with the proper ID.									
*CHILD'S NAME last name first name nicknam	<b>*M / F</b>	*DATE OF BIR	TH lay year	*GRADE/CLASS	*SPECIAL please indic	INSTRUCTIONS/ALI cate if serious	LERGIES		

If your child has a special need or condition that requires additional help, we would love to come alongside them in a special way. Please inform your child's teacher so that every

SPECIAL CARE SPECIAL NEEDS ROOM

effort can be made to make your child's experience with Sunday School at the Park exceptional. Please let us know if your child would benefit from one of the following.

SPECIAL NEEDS BUDDY

**THE RETREAT** (special needs resource room)

## **FOR OFFICE USE ONLY**

ENTERED BY	DATE	VISITOR FOLDER RECEIVED	DATE	POSTCARD SENT BY	DATE						
Please enter the date and year attended. When someone has attended 3 Sundays, we will add them to the database. After 6 months of non-attendance, the registration form will be discarded.											
JANUARY		FEBRUARY		MARCH							
APRIL		MAY		JUNE	JUNE						
JULY		AUGUST		SEPTEMBER							
OCTOBER		NOVEMBER		DECEMBER							