

Name _____ Home Phone _____

Grade _____ School: _____ Male _____ Female _____

Address: _____
_____ Zip _____

E-mai(s): _____

Birthdate _____ Age _____ Has child been baptized? Yes _____ No _____
Date of baptism (if known) _____

PARENT'S NAMES _____

WK PHONE _____ MOBILE # _____
WK PHONE _____ MOBILE # _____

Are there any special needs or concerns regarding this applicant that you would like for us to be aware of?

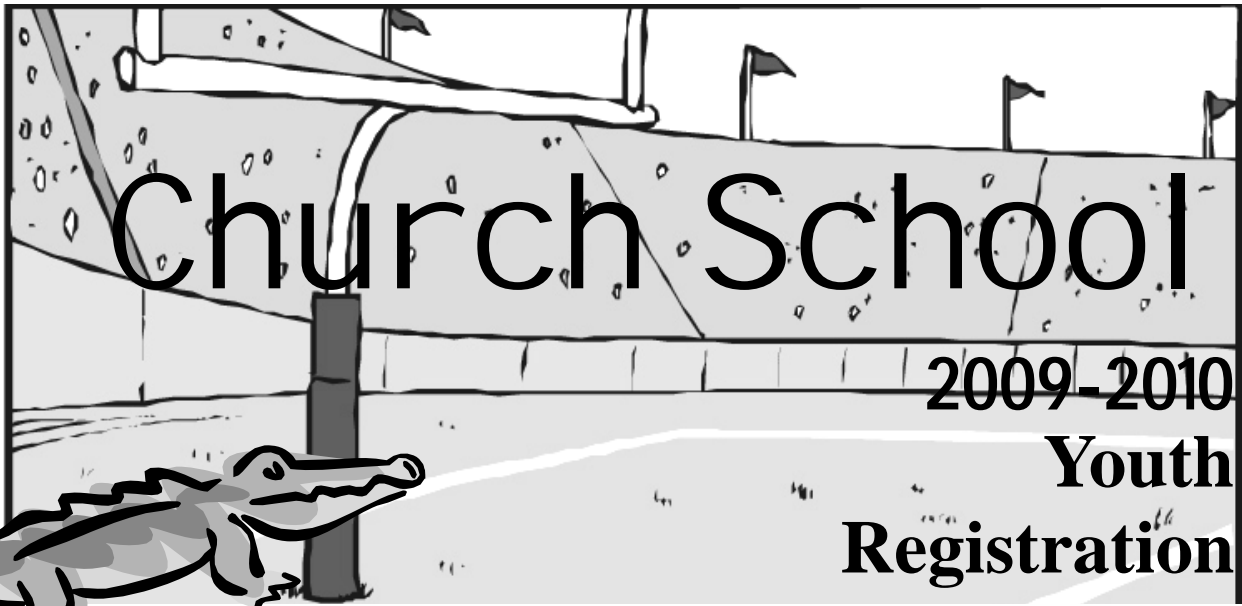
In what ways would you be willing to assist in our church school program?

PLEASE FILL OUT AND MAIL OR DELIVER TO THE CHURCH OFFICE:

c/o Gina Cox, Director of Children's Ministries,
100 NE 1st Street, Gainesville, 32601



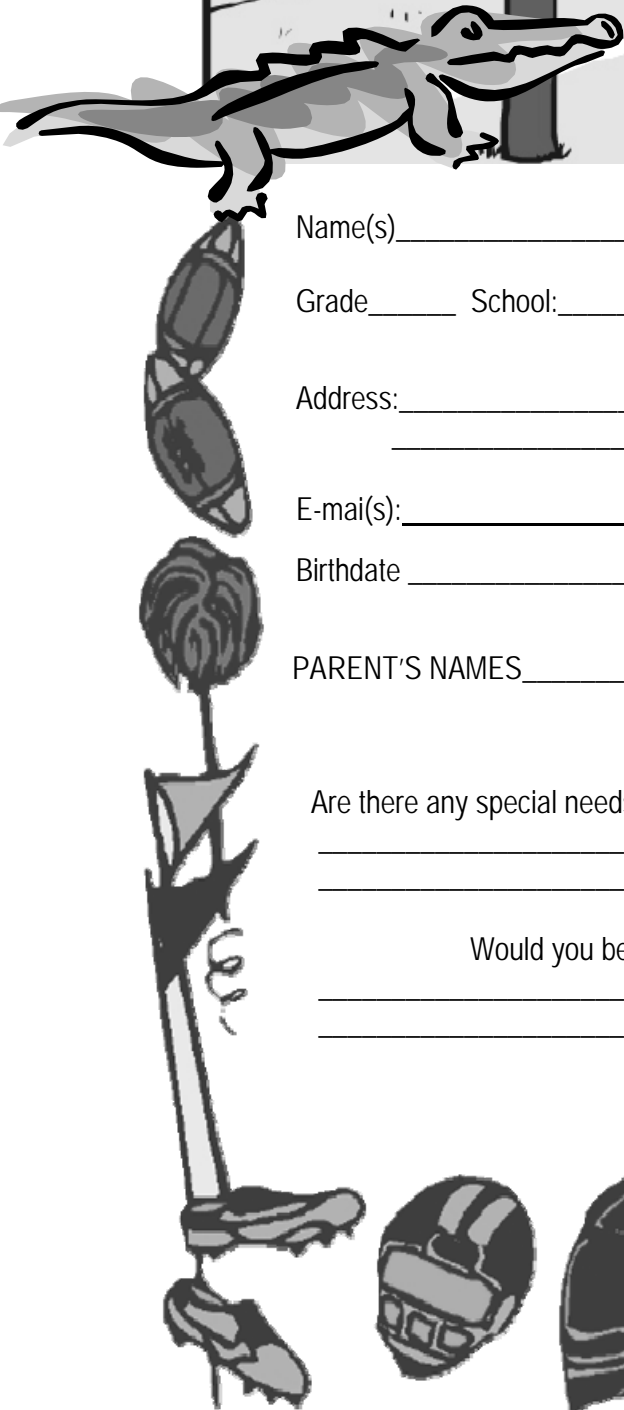
IT'S KICK OFF TIME



Church School

2009-2010

Youth Registration



Name(s) _____ Home Phone _____

Grade _____ School: _____ Male _____ Female _____

Address: _____
_____ Zip _____

E-mai(s): _____

Birthdate _____ Age _____ Has child been baptized? Yes _____ No _____
Date of baptism (if known) _____

PARENT'S NAMES _____

WK PHONE _____ MOBILE # _____

WK PHONE _____ MOBILE # _____

Are there any special needs or concerns regarding this applicant that you would like for us to be aware of?

Would you be willing to assist in our Youth Program (volunteer with youth, fundraisers, etc.)?

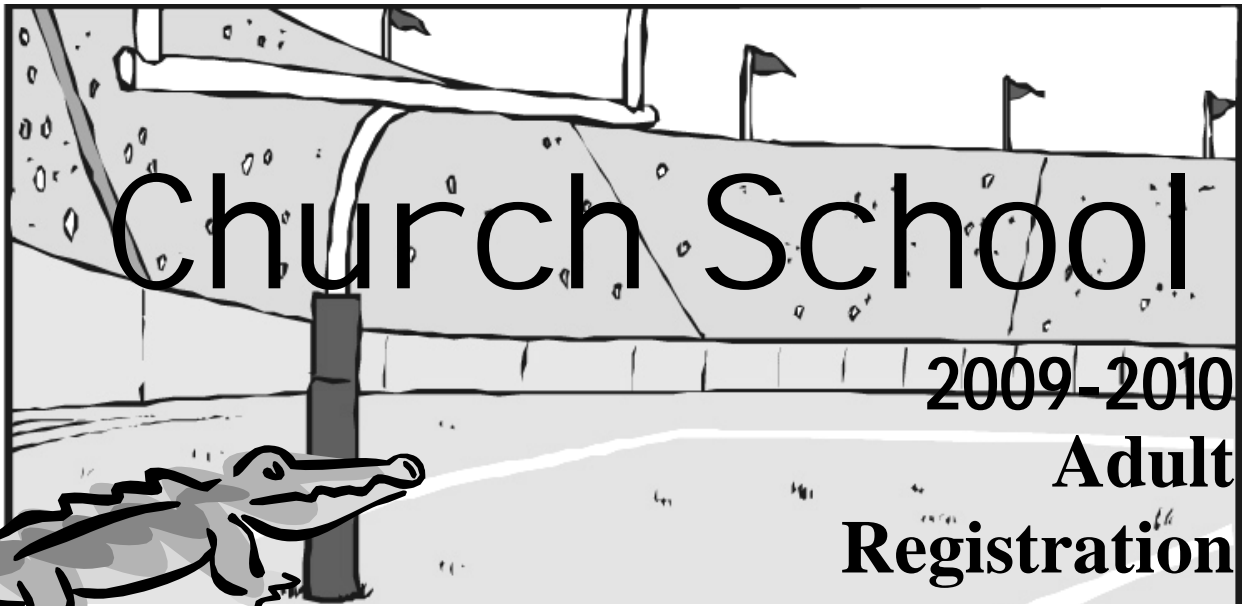
PLEASE FILL OUT AND MAIL OR DELIVER TO THE CHURCH OFFICE:

c/o Garcia Barnswell, Director of Youth Ministries,

100 NE 1st Street, Gainesville, 32601



IT'S KICK OFF TIME



Church School

2009-2010

Adult Registration

Name _____ Birthday _____

Address: _____

Zip _____ HOME PHONE _____

WK PHONE _____ MOBILE # _____

E-mai(s): _____

Emergency Contact: _____

Are there any special needs or concerns that we need to be aware of?

In what ways would you be willing to assist in our Church School program?

PLEASE FILL OUT AND MAIL OR DELIVER TO THE CHURCH OFFICE:

c/o Gina Cox, Director of Children's Ministries

100 NE 1st Street, Gainesville, 32601

IT'S KICK OFF TIME

