



Kortright Presbyterian Church

2009-2010 Children's Ministry Enrollment (children up through Grade 5)

FAMILY NAME _____

Usually brought by _____
NAME RELATIONSHIP TO CHILDREN

Mother _____ Father _____

Family Address: _____ City _____ Postal Code _____

Phone # _____ Email _____

Authorizing Pick-Up: list the names of people *other than parents* who are authorized to pick up your child. Circle NONE if only parents are allowed to pick up children. Please be prompt in coming to pick up your children following the service.

NONE 1. _____
2. _____ 3. _____

Child #1 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #2 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #3 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #4 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #5 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #6 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____
