

John Knox Presbyterian Church  
 FAMILY REGISTRATION 2009-10 Program Year

PLEASE CHECK ONE

9:30 Service

11:00 Service

\_\_\_\_\_

FAMILY LAST NAME

PARENTS (OR GUARDIAN)  
 PLEASE LIST BOTH PARENTS IF APPLICABLE  
 FIRST NAME

LAST NAME

STREET ADDRESS				CITY & ZIP CODE		
HOME PHONE				CELL PHONE		
E-MAIL ADDRESS						
INTERESTED IN BECOMING A VOLUNTEER IN <b>CHILDREN'S MINISTRY?</b> IF SO, PLEASE CIRCLE THE DESIRED MINISTRY	NURSERY	SUNDAY SCHOOL	LOGOS	LENTEN NIGHTS	VACATION BIBLE SCHOOL	OFFICE/HALL MONITOR
INTERESTED IN BECOMING A VOLUNTEER IN <b>YOUTH MINISTRY?</b> IF SO, PLEASE CIRCLE THE DESIRED MINISTRY	JUNIOR HIGH FELLOWSHIP	SENIOR HIGH FELLOWSHIP	TEACHER	DRIVER	WORK CAMP	MENTOR

CHILDREN'S INFORMATION (PLEASE LIST ALL CHILDREN IN THE HOUSEHOLD)

FORMAL NAME	GOES BY	GRADE	BIRTH DATE	ALLERGY MEDICAL CONCERN	BAPTIZED		SPECIAL NEED	M	F
					Y	N			
					Y	N			
					Y	N			
					Y	N			
					Y	N			

Please indicate authorization by placing a check mark in the appropriate box.

I authorize my child's picture to be used in church publications (names will not be used)

Is there a custody issue of which we should be aware? If so, please use the space below to explain.

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent or Guardian