

Today's Date: _____

Guest: _____ Member/Regular Attender: _____

ADVENTURE QUEST - THE VALLEY KIDS!
Children's Ministry of Christ's Church of the Valley
Registration Profile January 2009
(Please return completed form to Miss Susan or the church office)

FAMILY NAME: Please Print

Last Name	Father's Name <i>(or guardian)</i>	Mother's Name <i>(or guardian)</i>	
Street Address	City	State	ZIP
Phone #	Email		

Who is authorized to pick up your child? List all adults.

CHILDREN:

1.

Child's Name	Birthdate	Grade	Name of School
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Health concerns for above named child: *(Please include any & all allergies; chronic medical conditions, etc.)*

2.

Child's Name	Birthdate	Grade	Name of School
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Health concerns for above named child: *(Please include any & all allergies; chronic medical conditions, etc.)*

3.

Child's Name	Birthdate	Grade	Name of School
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Health concerns for above named child: *(Please include any & all allergies; chronic medical conditions, etc.)*

4.

Child's Name	Birthdate	Grade	Name of School
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Health concerns for above named child: *(Please include any & all allergies; chronic medical conditions, etc.)*