

*East White Oak Bible Church*

**Sunday Morning Children's Ministry Student Record/Registration**

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_

Student's birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Special concerns/information (allergies, medical conditions, learning helps or needs)

---

---

---

Parent/Guardian's Name

---

Sibling(s) Name(s) and Age(s)

---

---

If you are involved in an ABF, please provide it's name \_\_\_\_\_

Today's date \_\_\_\_\_

\_\_\_\_\_ Place an X here if any information (besides child's grade) has changed from last year.