



Shamokin CMA Wednesday Night Children's Ministry Registration Card

Name: _____ DOB _____

Address: _____ City: _____

Phone Number including area code

Cell: _____ Home: _____

Age: _____ Grade: _____ Transportation Needed? _____

Allergies _____

ie. Asthma, ADHD, Autism

Medical Conditions: _____

Medications: _____

If there is someone who should never pick up your child, please provide names _____



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Parental Information

Parent/Guardian _____

Relationship to Child: _____

Phone Number if different from front including area code

Cell: _____ Home: _____

Email address: _____

Emergency Contact: _____

Relationship to Child: _____

Phone Number including area code

Cell: _____ Home: _____

Name of other **adults** that have permission to pick-up your child: _____

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