

**Minooka Bible Church**  
**Children's Ministries Registration Card**

**Child's Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Grade 2007-2008 \_\_\_\_\_ Circle One: Male / Female

Names of siblings (please include 2007-2008 grade if applicable)

/	/
/	/
/	/

Any medical problems, food or life threatening allergies of which we should be aware?

Yes / No

If yes, please explain:

Current Medication:

Other information that you think we should be aware of:

If you came with a friend, what is his/her name? \_\_\_\_\_

**Parent's Information**      Email Address: \_\_\_\_\_

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Emergency Contact Person other than above: \_\_\_\_\_

I am registering my child for the following ministries:

Infant Nursery

Toddler Nursery

Bible School

GroZone

TeamKid

SpyKidz Daycamp