



CHILDREN'S MINISTRY REGISTRATION FORM

Child's Name: _____ Male Female

Address: _____
Street City State Zip

Parent Phone: _____
Home Work

E-mail: _____

Date of Birth: _____ Grade: _____

Mother's Name: _____ cell #: _____

Father's Name: _____ cell #: _____

Parent Address (if different from above): _____

Emergency Contact: _____
Name/Relationship Phone

C3 is committed to helping parents protect children. Please list any allergies or medical conditions your child has, and any specific instructions you may have for our volunteer staff.

Anything else we should know about your child? _____



Covenant Community Church is committed to providing a safe and secure environment for all of our children. Every volunteer that works with children undergoes a background check and proper training.