

GPCC CHILDREN'S MINISTRY STUDENT REGISTRATION

FILL OUT ONE FORM FOR EACH FAMILY UNIT (PLEASE PRINT LEGIBLY)

DATE: _____

REGION: CHESTNUT HILL HAVERTOWN NEW JERSEY NORTH

PARENT'S INFORMATION

FATHER'S FIRST / LAST NAME: _____ PHONE: _____

EMAIL: _____ IS FATHER A GPCC MEMBER?: YES NO

MOTHER'S FIRST / LAST NAME: _____ PHONE: _____

EMAIL: _____ IS MOTHER A GPCC MEMBER?: YES NO

CHILDREN LISTED BELOW (CHECK ONE):

_____ RESIDE WITH BOTH PARENTS _____ RESIDE WITH FATHER ONLY _____ RESIDE WITH MOTHER ONLY

_____ RESIDE WITH A GUARDIAN (LIST FULL NAME OF GUARDIAN) _____

CHILDREN'S INFORMATION

CHILD'S NAME (ADD LAST NAME IF DIFFERENT FROM PARENT'S LAST NAME)	FALL SCHOOL GRADE	ALLERGIES, SPECIAL NEEDS, MEDICAL ISSUES
1. _____	_____	_____
GENDER: M F DATE OF BIRTH (MM/DD/YYYY): _____		
2. _____	_____	_____
GENDER: M F DATE OF BIRTH (MM/DD/YYYY): _____		
3. _____	_____	_____
GENDER: M F DATE OF BIRTH (MM/DD/YYYY): _____		
4. _____	_____	_____
GENDER: M F DATE OF BIRTH (MM/DD/YYYY): _____		
5. _____	_____	_____
GENDER: M F DATE OF BIRTH (MM/DD/YYYY): _____		