

KNOX UNITED CHURCH  
Children's Church Registration Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  Month     Day     Year

Parent's/Guardian's Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have special interests? \_\_\_\_\_

Does your child have special needs? \_\_\_\_\_

Musical training? If so, voice, or instrument? \_\_\_\_\_

Is there any other information that would assist us in working with your child?

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Are there any areas where you may be able to help us with the church school as needs arise?

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*Knox United Church, 345 Pym Street, Parksville, BC, V9P 1C3  
Phone: 250-248-3927*