THE AMAZING COLLECTION BIBLE STUDY ADULT & CHILD REGISTRATION

PERSONAL INFORMATION: Date: _____

First name: _____ Last name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

E-mail: _____ Age: _____ Date of Birth: _____

Invited by: _____ Church attending if not Christ Church: _____

Bible Knowledge: ___None ___ Some ___ Fairly Familiar

EMERGENCY INFORMATION:

Name of local contact person:_____

Phone(s): _____ Relationship: _____

REGISTRATION INFORMATION:

Please check the class you are registering for: ___ Tuesday Morning ___ Wednesday Evening

___ Please check here if you need a scholarship. ___ Please check here if you would like to provide a scholarship.

PAYMENT INFORMATION:

I've enclosed _____ cash or _____ check for $25.00 for Semester One: September 2010 – January 2011
or
I've enclosed _____ cash or _____ check for $25.00 for Semester Two: January 2011 – April 2011

CHILDREN'S REGISTRATION INFORMATION:
Childcare is available for Infants - Age 5 on Tuesday mornings.

Childcare is available for Infants - Grade 3 on Wednesday evenings.

PERSONAL INFORMATION:
Child #1
First name: _____ Last name: _____

Gender:_____ Date of Birth(mm/dd/yyyy): _____

List all allergies, medical conditions, and/or possible emergency needs: _____

_____

Child #2
First name: _____ Last name: _____

Gender:_____ Date of Birth(mm/dd/yyyy): _____

List all allergies, medical conditions, and/or possible emergency needs: _____

_____

Child #3
First name: _____ Last name: _____

Gender:_____ Date of Birth(mm/dd/yyyy): _____

List all allergies, medical conditions, and/or possible emergency needs: _____

_____