



## NEW CHILD REGISTRATION FORM

Child's Name \_\_\_\_\_

Your Name \_\_\_\_\_

Your Relationship To The Child? \_\_\_\_\_

Child's Address \_\_\_\_\_

Child's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Email Address \_\_\_\_\_

Your Cell Phone Number \_\_\_\_\_

(If for any reason we need to reach you during the service,  
we will text you at this number.)

Does your child have any allergies or learning challenges we  
should know about?

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Is this your first time at GC Church? Yes / No