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?

_____

_____

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