



# Children's and Youth Ministries Family Registration

**For Office Use Only:** Date Received: Children's Ministry \_\_\_\_\_ Office \_\_\_\_\_

Today's Date: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & State \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we put this information into the church directory to enable us to contact you? \_\_\_\_ (yes) \_\_\_\_ (no)

Father is  an attendee  a member  a guest      Mother is  an attendee  a member  a guest

Brought by: \_\_\_\_\_  attendee  member  guest

<p>Oldest Child's Last Name: _____ First Name: _____</p> <p>Date of Birth (month/day/year): _____ Sex: _____ Age: _____</p> <p>Class/Grade: _____</p> <p>List any known allergies: _____</p> <p>_____</p> <p><b>Please fill out information below if different than family's.</b></p> <p>Address _____ Home Phone: _____</p> <p>City: _____ Zip: _____</p>
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<p>Second Child's Last Name: _____ First Name: _____</p> <p>Date of Birth (month/day/year): _____ Sex: _____ Age: _____</p> <p>Class/Grade: _____</p> <p>List any known allergies: _____</p> <p>_____</p> <p><b>Please fill out address information if different than family's.</b></p> <p>Address: _____ Home Phone: _____</p> <p>City _____ Zip: _____</p>
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Are there any custodial issues with your children that you would like us to know?

Please list any special needs/information that you feel the Children's and Youth Ministries staff needs to know to effectively minister to your child(ren)'s needs: \_\_\_\_\_

\_\_\_\_\_

Would you like a pastoral visit in your home?  Yes  No

Would you like to serve in Children's or Student Ministries?  Yes  No

Age/Grade preferences: \_\_\_\_\_

River Ridge Covenant Church is deeply committed to your family and the church working together for the spiritual welfare of your child(ren). Children's and Youth Ministries occasionally take photos for promotional use. If you would like your child(ren) excluded from being shown, please contact the office. Otherwise, we will consider this signature consent for such purposes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form Continues on Back**

Third Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth (month/day/year): \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Class/Grade: \_\_\_\_\_  
List any known allergies: \_\_\_\_\_  
\_\_\_\_\_

**Please fill out address information if different than family's.**  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fourth Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth (month/day/year): \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Class/Grade: \_\_\_\_\_  
List any known allergies: \_\_\_\_\_  
\_\_\_\_\_

**Please fill out address information if different than family's.**  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fifth Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth (month/day/year): \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Class/Grade: \_\_\_\_\_  
List any known allergies: \_\_\_\_\_  
\_\_\_\_\_

**Please fill out address information if different than family's.**  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sixth Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth (month/day/year): \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Class/Grade: \_\_\_\_\_  
List any known allergies: \_\_\_\_\_  
\_\_\_\_\_

**Please fill out address information if different than family's.**  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

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