

(new) Family Ministry Registration Card

DATE: _____

1ST PARENT/GUARDIAN:

LAST _____

FIRST _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

BIRTHDATE: ____/____/____

2ND PARENT/GUARDIAN:

LAST _____

FIRST _____

CELL PHONE: _____

EMAIL: _____

BIRTHDATE: ____/____/____

HOW DID YOU HEAR OF SANDALS?

COMMENTS: _____

CHILD INFO ON BACK

CHILD #1

LAST _____

FIRST _____

Grade/Age: _____
(Selected Group)

Gender: **M** **F**

Birthday _____/_____/_____

Allergy: _____

Other Notes:

CHILD #2

LAST _____

FIRST _____

Grade/Age: _____
(Selected Group)

Gender **M** **F**

Birthday _____/_____/_____

Allergy: _____

Other Notes:

CHILD #3

LAST _____

FIRST _____

Grade/Age: _____
(Selected Group)

Gender **M** **F**

Birthday _____/_____/_____

Allergy: _____

Other Notes:
