

**Infants - 2 years
FPC Children's Ministry
Nursery Registration**

Child's Full Name: _____
Child likes to be called: _____ Gender: ___ M ___ F
Child's Birth date: ___/___/___ Age Sept. 2003 ___
Age group: ___ Infant ___ Walker ___ 2-2 ½ years old
Child has been baptized: ___ Yes ___ No
Mailing address: _____
City/State/Zip: _____
Home Phone: _____

Father's Name: _____ Email: _____
Mailing address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone/Pager: _____

Mother's Name: _____ Email: _____
Mailing address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone/Pager: _____

Parent(s) are Members of FPC (circle): Father Mother Both No

Child lives with: Father Mother Both
Other: _____

Siblings? Name _____ Gender: ___ M ___ F
Name _____ Gender: ___ M ___ F
Name _____ Gender: ___ M ___ F
Name _____ Gender: ___ M ___ F

Publicity Release:

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By checking the box above, I/We indicate my/our consent with the above Publicity Release statement.

For more information about this form or the requested information, please contact the Administration Office, Children's and Families Ministries by calling (903) 597-6317 ext. 308.