



Registration Form

THE CROSSING CHURCH | wearecrossing.com



Step 1 Parent/Guardian 1

Full Name: _____

Cell Phone: _____

Email: _____

Birth Date: _____ / _____ / _____

Relationship to child: _____

Does this parent live at the address below?

Yes No

List the names of others authorized to pick up your child: _____

Step 2 Address Information (primary residence of child)

Home Address: _____ City: _____ State: ____ Zip: _____

Step 3 Individual Kid's Information

1st Full Name: _____ Birth Date: ____ / ____ / ____ Gender: _____

Grade: ____ Allergies/Special Needs: _____

2nd Full Name: _____ Birth Date: ____ / ____ / ____ Gender: _____

Grade: ____ Allergies/Special Needs: _____

3rd Full Name: _____ Birth Date: ____ / ____ / ____ Gender: _____

Grade: ____ Allergies/Special Needs: _____

• By registering my child for The Crossing Church's Children's Ministry, I authorize that my child's image may be photographed, filmed and be used in video, print, and web presentations. •
By giving my email address, I understand that I will be added to The Crossing Church's mailing list. The Crossing Church will not give your personal information to any third parties.

Parent/Guardian 2

Full Name: _____

Cell Phone: _____

Email: _____

Birth Date: _____ / _____ / _____

Relationship to child: _____

Does this parent live at the address below?

Yes No