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CHILDREN MINISTRY REGISTRATION FORM
2017 – 2018

Today's Date _____ **Current Grade** _____
(Parents: Please fill in current information. This information will be updated each year.)

Name: _____ **M__F__ Birth date** __/__/__

Baptized (Y/N) _____ **date** _____ **Interested in baptizing your child at CSL?** _____

Address: _____

Phone _____ **Email** _____

Emergency Contact: _____ **Phone:** _____

Name of Parents/Guardians:

Occupation _____ Church Member/Yr. _____

Occupation _____ Church Member/Yr. _____

INFORMATION ABOUT YOUR CHILD THAT WOULD BE HELPFUL FOR OUR STAFF:
Allergies, handicaps, etc. (**any urgent medical needs**)

Other matters you want us to know, in confidence, that would help us better service your child?

Special Interests and Activities: _____

Signature: _____ **Date** _____

_____ *Please email me details of upcoming events, updates, and other Children's Ministry news.*

_____ *I am interested in volunteering in the Nursery or Children's Chapel once every eight weeks.*

When the Children Ministry needs help in the following areas, give me a call:
Special Events _____ **Christmas Pageant** _____ **Art & Music Camp** _____ **Club 45** _____
Sunday School _____ **To be an extra pair of hands** _____ **Other (please specify)** _____

For questions or concerns, please contact Gizelle N. Moran at
gizelle.moran@chrstandstlukes.org.