

NEW LIFE CHRISTIAN FELLOWSHIP

580 N State Road
Medina, OH 44256
(330) 723-4443

REGISTRATION INFORMATION FORM

Child's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Age: _____ Birthday: _____ Grade/School: _____

Allergies and/or Health Concerns: _____

Parents Names: _____

Address, (if different from above) : _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Additional Information: _____

Administrative Use Only:

Class: _____

Circle All That Apply:

Sunday School AWANA Other

Comments:

