

Family Registration



Registration *(First time visitor, new member, etc.)*

Update *(Required fields for update: mother/father name, DOB & phone number or email)*

Mother's Name: _____ DOB: _____

Father's Name: _____ DOB: _____

Address: _____
(# and street) (City, State & Zip)

Home Phone: (____) _____ E-mail: _____

Mom Cell Phone: (____) _____ Dad Cell Phone: (____) _____

Child(ren): Very Important – Please, need DOB & Current Grade Level for Check-In Accuracy

Full Name	M/F	Date of Birth (mm/dd/yy)	Current Grade level (If applicable)	Special needs (Briefly describe— physical, autism, ADHD, etc.)	Food allergies (Briefly describe)

To better meet the needs of our children, please answer the following by circling the most appropriate response:

- Service(s) Usually Attend: Main Campus: 6pm | 9am | 11:30am | Joshua House | Lane Avenue Campus | Sawmill Campus |
- Who brings child(ren) to church? Mom | Dad | Mom & Dad | Grandparent | Friend | Other _____
- If you are not a parent listed above and regularly bring this child(ren), please provide the following info.:

Name: _____ Relationship to child(ren): _____ Home phone: (____) _____

Cell phone: (____) _____ E-mail: _____

For VineyardKids Office Use
Entered by: _____
Date: _____