

Family Registration Form

Parent Name: Parent Name:
email: email:
(if different) (if different)
cell phone: () cell phone: ()
(if different) (if different)

Child's Name: birthday: m | d | y
grade: gender: m / f
medical concerns? y / n (if yes, please elaborate on the back)

Child's Name: birthday: m | d | y
grade: gender: m / f
medical concerns? y / n (if yes, please elaborate on the back)

Child's Name: birthday: m | d | y
grade: gender: m / f
medical concerns? y / n (if yes, please elaborate on the back)

Child's Name: birthday: m | d | y
grade: gender: m / f
medical concerns? y / n (if yes, please elaborate on the back)

Will you allow us to send you weekly emails specifically regarding WEFC Kids? y / n
(Recommended for anyone attending regularly/semi-regularly!)

Will you allow us to use video and photographs for church related promo/advertisements? y / n

As a parent or legal guardian of my child, I hereby consent for my child(ren) to attend and participate in all Sunday Morning Programming here at the Winnipeg Evangelical Free Church.

parent signature

