

PARENT/GUARDIAN INFORMATION

parent security # _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone (in case we need to contact you during the service: (_____) _____

*By registering my child for Destiny Church's Children Ministry, I hereby consent to having my child(ren) photographed, recorded on audio tape or videotaped by the church for the reporting of programs taking place at Destiny Church Naples

CHILD 1 INFORMATION

First Name: _____

Last Name: _____

Birthday: ____/____/____ Grade: _____

Known Allergies / Medical notes: _____

CHILD 2 INFORMATION

First Name: _____

Last Name: _____

Birthday: ____/____/____ Grade: _____

Known Allergies / Medical notes: _____

CHILD 3 INFORMATION

First Name: _____

Last Name: _____

Birthday: ____/____/____ Grade: _____

Known Allergies / Medical notes: _____

CHILD 4 INFORMATION

First Name: _____

Last Name: _____

Birthday: ____/____/____ Grade: _____

Known Allergies / Medical notes: _____

Today's Date: _____ Service Attended: 8am 10am 12pm