



Children's Ministry

2016— 2017
Registration

Spokane Valley Church of the Nazarene
15515 E. 20th Ave. Spokane Valley, WA 99037
Phone: 926-1545 email: dhensley@svnc.org

Parent(s) Names: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell: _____

Email: _____

1. Child's Name _____ Age _____ Birthdate __/__/__
Grade (as of Sept. 1, 2016) Pre-k K 1st 2nd 3rd 4th 5th
Allergies: No ___ Yes _____

2. Child's Name _____ Age _____ Birthdate __/__/__
Grade (as of Sept. 1, 2016) Pre-k K 1st 2nd 3rd 4th 5th
Allergies: No ___ Yes _____

3. Child's Name _____ Age _____ Birthdate __/__/__
Grade (as of Sept. 1, 2016) Pre-k K 1st 2nd 3rd 4th 5th
Allergies: No ___ Yes _____

4. Child's Name _____ Age _____ Birthdate __/__/__
Grade (as of Sept. 1, 2016) Pre-k K 1st 2nd 3rd 4th 5th
Allergies: No ___ Yes _____

Please list below all adults who are authorized to pick up your child(ren)

How would you like to be contacted?
(Please check all that apply and number them in order of your preference.)

_____ Phone (home) _____ Phone (cell) _____ E-mail _____ Text* _____ Mail

*Please provide the carrier's name: ATT, Cricket, Sprint, T-Mobile, Verizon, Other: _____

Parent Signature: _____ Date: _____