

## CHILDREN'S GIC REGISTRATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ (1<sup>st</sup> – 6<sup>th</sup> Grade Only)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Doctor's Name and number \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_

Special needs and Allergies \_\_\_\_\_

Please check night/s your child will participate.

Emphasis on Prayer: Thursday 21<sup>st</sup> February 7-8:30 \_\_\_\_\_

Emphasis on Missions: Friday 22<sup>nd</sup> February 7-8:30 \_\_\_\_\_

I (we) \_\_\_\_\_ would be willing to help  
on Thursday 21<sup>st</sup> Feb \_\_\_\_\_ Friday 22<sup>nd</sup> Feb \_\_\_\_\_ (Please check the night you can help.)