CROSSROADS
COMMUNITY CHURCH

Nursery and SHINE! Registration Form

Parent(s) Name_____

Mailing Address_____

City/Town_____State_____Zip_____

Home Phone_____(C)_____

E-mail _____

Please list all children:

Name D.O.B. Grade *(if applicable)*

1.

2.

3.

4.

Please list all allergies:

_____

_____

Is this anything else we should know about your child(ren)?

_____

_____

_____

Please return this form to an Usher / Nursery or SHINE! team member.