



family

OASIS KID'S CHURCH registration



Island Hope Guam
A FOURSQUARE GOSPEL CHURCH
Serving God Serving People

Family Name: _____ Home & Cell: _____

Address: _____

City: _____ Zip: _____ Email: _____

Father / Guardian: _____ Relationship: _____

Mother / Guardian: _____ Relationship: _____

Family Structure (optional): Both Parents Single Parent Stepparent Foster Parent Grandparent

Other: _____

Please List All Children Living at Home:

NAME _____ SEX _____ BIRTHDAY _____ GRADE _____

NAME _____ SEX _____ BIRTHDAY _____ GRADE _____

NAME _____ SEX _____ BIRTHDAY _____ GRADE _____

NAME _____ SEX _____ BIRTHDAY _____ GRADE _____

NAME _____ SEX _____ BIRTHDAY _____ GRADE _____

NAME _____ SEX _____ BIRTHDAY _____ GRADE _____

Male Guardian's Occupation: _____ Work Phone: _____

Female Guardian's Occupation: _____ Work Phone: _____

Are you a visitor? yes no If no, approximately when did you begin attending Island Hope? _____

I prefer serving in: PreSchool/Toddlers Primary (K5-2nd) Middler (3-5th) PreTeen (6-8th)

Interests & talents I'd be willing to share with children: _____

Each child and family are loved and accepted by those of us in ministry. Any information you provide that would help us provide better ministry is appreciated, but optional. Thank you and God Bless you!

EMERGENCY INFORMATION:

Family Physician Name: _____ Phone: _____

Special Health Concerns: _____

Emergency Contact Person:

Name: _____ Contact#(s): _____ Relationship: _____

I hereby authorize any emergency medical attention to be administered to any member of my family while in the care of Island Hope Church.

Print Name: _____ Signature: _____ Date: _____