

## Registration Form:

Please download this form; fill it out and turn in to the Children's Ministry Office

Parents Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_

*(As it will appear on dedication certificate)*

Child's Date of Birth: \_\_\_\_\_

Commitment Service: 9:30 am \_\_\_\_\_

Member of Hoffmantown:

Yes \_\_\_ No \_\_\_

Regular Attender at Hoffmantown:

Yes \_\_\_ No \_\_\_

Connection Class:

Yes \_\_\_ No \_\_\_

Connection Class Name: \_\_\_\_\_

**Please attach a photo of your child to this form or email it to:**

sarahg@hoffmantown.org