

# Children's Registration Form 2005/2006

(Please complete and mail to: 20 Pidgeon Hill Dr. Suite 109, Sterling, VA 20165 or online at [www.riversidechurch.com](http://www.riversidechurch.com) )

Parent/ Guardian Name: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Email: \_\_\_\_\_

## Child #1 Information:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (Fall 05): \_\_\_\_\_

I am registering this child for:

\_\_\_\_\_ 9:15 Children's Room (infant-3yrs.)

\_\_\_\_\_ 9:15 PreK-3<sup>rd</sup> Grade Small Groups

\_\_\_\_\_ 9:15 4<sup>th</sup> & 5<sup>th</sup> grade Small Groups

\_\_\_\_\_ 10:45 CHILDREN'S WORSHIP (age 4 years.-2<sup>nd</sup> grade)

\_\_\_\_\_ FOOD ALLERGIES: \_\_\_\_\_

## Child #2 Information:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (Fall 05): \_\_\_\_\_

I am registering this child for:

\_\_\_\_\_ 9:15 Children's Room (infant-3yrs.)

\_\_\_\_\_ 9:15 PreK-3<sup>rd</sup> Grade Small Groups

\_\_\_\_\_ 9:15 4<sup>th</sup> & 5<sup>th</sup> grade Small Groups

\_\_\_\_\_ 10:45 CHILDREN'S WORSHIP (age 4 years-2<sup>nd</sup> grade)

\_\_\_\_\_ FOOD ALLERGIES: \_\_\_\_\_

## Child #3 Information:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (Fall 05): \_\_\_\_\_

I am registering this child for:

\_\_\_\_\_ 9:15 Children's Room (infant-3yrs.)

\_\_\_\_\_ 9:15 PreK-3<sup>rd</sup> Grade Small Groups

\_\_\_\_\_ 9:15 4<sup>th</sup> & 5<sup>th</sup> grade Small Groups

\_\_\_\_\_ 10:45 CHILDREN'S WORSHIP (age 4 years-2<sup>nd</sup> grade)

\_\_\_\_\_ FOOD ALLERGIES: \_\_\_\_\_

## Child #4 Information:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (Fall 05): \_\_\_\_\_

I am registering this child for:

\_\_\_\_\_ 9:15 Children's Room (infant-3yrs.)

\_\_\_\_\_ 9:15 PreK-3<sup>rd</sup> Grade Small Groups

\_\_\_\_\_ 9:15 4<sup>th</sup> & 5<sup>th</sup> grade Small Groups

\_\_\_\_\_ 10:45 CHILDREN'S WORSHIP (age 4 years-2<sup>nd</sup> grade)

\_\_\_\_\_ FOOD ALLERGIES: \_\_\_\_\_

**Child #5 Information:**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (Fall 05): \_\_\_\_\_

I am registering this child for:

\_\_\_ 9:15 Children's Room (infant-3yrs.)

\_\_\_ 9:15 PreK-3<sup>rd</sup> Grade Small Groups

\_\_\_ 9:15 4<sup>th</sup> & 5<sup>th</sup> grade Small Groups

\_\_\_ 10:45 CHILDREN'S WORSHIP (age 4 years-2<sup>nd</sup> grade)

\_\_\_ FOOD ALLERGIES: \_\_\_\_\_

\*Please feel free to contact Cara Shine at the church office (703) 444-3528 or [cara@riversidechurch.com](mailto:cara@riversidechurch.com) with any questions or concerns you may have.