Child's Last Name

Child's First Name

Grade



MI

Extra copies a	Please email to Attn: Edu	Education Program omplete <u>one form for eac</u> <u>education@fountainstree</u> cation Registration, 24 Fo t www.fountainstreet.org	ch child/you et.org or bring puntain St NE	t <u>th</u> (from infant– g/send to Founta E, Grand Rapids	ain Street Chur , MI 49503		
Preferred name			Date	Date of Birth		_Age	
Medical consi	derations/allerg	ies:					
Name of weel	kday school:						
		Parent/Guardian		Par	ent/Guardia	n	
Name(s)							
Cell phone(s)							
Email(s)							
Address(es)							
Home phone							
Emergency Contact Name				Phone			
		ou would like to receive					
Child Dedic	Iembership at FSC□ Tower Club gr 7-8Child Dedications□ Fountain Club gr 9-1Young Singers Choir□ Our Whole Lives		r 9-12	 □ Volunteer Opportunities □ Parent Circle 			
Please check	if you give perr	nission* for your child t	0:				
□ have picture	e taken for pos	ograms at FSC. sible display on bulletin s/instructions for pick-u			•	,	
Signature			Relat	ionship to child	l	Date	
* Please note that youth group partic	educational activitie	s take place at Fountain Stree o have contact information and	t Church. Tower	r Club and Fountain ms on file.	Club sometimes	travel off-site. All	
For office use:	Date rec'd	Date entered AC	2S	Class List	By		