

Children's Ministry Program Registration Form 2025-2026

For children 6 months through entering 5th grade

Family Information [Please Print]

ad's Email:		
m's Email:		
	Phone :	#:
	Phone	#:
Gender	Fall 2025	Birthdate
[please circle]	Grade	[MM/DD/YYYY]
F M		
F M		
F M		
F M		
nditions or behavi	or issues that we	should know
	nce? If so, please	describe.
	Gender [please circle] F M F M F M F M ere any allergies or onditions or behavious apositive experier	[please circle] Grade F M F M F M F M ere any allergies or medical conditions or behavior issues that we a positive experience? If so, please

□ **Photographic Consent:** Enrollment authorizes Bonhomme to photograph your child for print, video, or electronic imaging. I understand these images may be used in promotional materials for Bonhomme and will be the sole property of Bonhomme.