

CCPC Children's Ministry Registration



Welcome to Central College Presbyterian Church Nursery, Preschool, and Children's Ministry

Please print this form and bring the completed form with you when you visit CCPC to facilitate the Check-in Process

CHILDREN'S INFORMATION

DATE: _____

Child's First and Last Name	DOB m/d/y	School	Grade Level	Age	Boy/Girl	Medical/Allergies/Restrictions

PARENTS INFORMATION

*Father's First and Last Name		Father Date of Birth	
Address	City	State	Zip
*Cell Phone for Contact	Alt Contact	*Email	
*Required Fields			

*Mother's First and Last Name		Mothers Date of Birth	
Address	City	State	Zip
*Cell Phone for Contact	Alt Contact	*Email	
*Required Fields			

IF CHILD CAME WITH SOMEONE OTHER THAN PARENTS

Adult Contact while child is on CCPC campus		
Relationship		
*Cell Phone for Contact	Alt Contact	*Email
*Required Fields		