

Date of enrollment _____

CHAMPIONS Registration

Please indicate your permission for your child to receive the Bread
My child may receive (please check box) **BREAD** **NONE**

Child's Name

Birth Date

Grade in School

Address

City

Zip Code

Father's Name

Mother's Name

Phone Number

Email Address

Person authorized to pick up my child other than myself/relationship

Allergies or other information

Baptized

Confirmed

I would like to help the Children's Ministry in the following way:

____ Help at Sign-In Table

____ Provide Snacks