

Desert Foothills Children's Ministry Enrollment Form

We are so glad that you are here! To better help you and to make sure that you don't miss out on any information about events at Desert Foothills please provide us with your contact information.

Parent/Guardian Contact Information

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Home Phone: _____

Cell Phone: _____ Food Allergies: _____

How did you hear about DFCL?: Member Friend Preschool Other: _____

Adults able to pick up your children?: _____

Children Information

Child #1	
Name: _____	
Birthday: _____	Grade: _____
Allergies/Medical Conditions: _____ _____	
Baptized: Yes / No	Date: _____

Child #2	
Name: _____	
Birthday: _____	Grade: _____
Allergies/Medical Conditions: _____ _____	
Baptized: Yes / No	Date: _____

Child #3	
Name: _____	
Birthday: _____	Grade: _____
Allergies/Medical Conditions: _____ _____	
Baptized: Yes / No	Date: _____

Child #4	
Name: _____	
Birthday: _____	Grade: _____
Allergies/Medical Conditions: _____ _____	
Baptized: Yes / No	Date: _____

I, _____, give my consent for my child/children _____ to be photographed and/or videotaped for Desert Foothills purposes and publicity. YES NO

Parent Signature

Date