

**Moms in Christ**  
A Ministry of Calvary Chapel Chester Springs  
**Child Registration Fall 2009**

Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Will the child be attending weekly or occasionally? (circle one)

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Grade entering: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Potty Trained: Yes No Comments: \_\_\_\_\_

Best way to comfort child: \_\_\_\_\_

Naptime during study: Yes No Comment: \_\_\_\_\_

Can a snack be given? Yes No

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