

Child's FIRST/LAST Name	M or F	Birth Date	Age	Grade <small>By 9/30/2016</small>	Allergies / Medical Needs

Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Current Room/Grade (as of 9/30/2016) Babies ONES TWOS THREES FOURS K 1ST 2ND 3RD 4TH 5TH

Mother Name \_\_\_\_\_ Attends GBC? (circle) Yes or No

Father Name \_\_\_\_\_ Attends GBC? (circle) Yes or No

Came with Friends Today (family name here) \_\_\_\_\_

Check which class(s) your child will be going:

(Preschoolers can stay for 2 Sunday School hours/Elementary kids choose ONE Sunday School Hour to attend:

\_\_\_\_\_ 8:15am \_\_\_\_\_ 9:40am \_\_\_\_\_ 11:05am \_\_\_\_\_ SATURDAY Night