



Hillcrest Children's Church Enrollment Form

GENERAL INFORMATION:

Child's name(s):	<input type="text"/>	Grade:	<input type="text"/>
	<input type="text"/>	Grade:	<input type="text"/>
	<input type="text"/>	Grade:	<input type="text"/>
	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Name: Home Phone No:

Name of person who brought child to church:

Cell Number (in case we need to get in contact with you during the service):

MEDICAL INFORMATION:

Medical conditions (conditions including allergies and any medication or special care they require):

DIETARY RESTRICTIONS: Is your child on a restricted diet? ☐ No ☐ Yes

If yes, please indicate food or beverages your child should not consume:



*We must not hide them from their children, but must tell a future generation the praises of the LORD,
His might, and the wonderful works He has performed. Psalm 78:4*