



## Registration Form

M  F

Child's Name

Birth Date

Gender

Address

City

State

Zip Code

Telephone

E-Mail Address

Primary Language Spoken in Home

Home Church (if any)

Mother's Name (and address, if different from child's)

Mother's Occupation

Mother's Mobile Phone

Father's Name (and address, if different from child's)

Father's Occupation

Father's Mobile Phone

Parent's Marital Status:  Married  Divorced  Separated  Widowed  Single  Other \_\_\_\_\_

Sibling Names and Ages

I would like to enroll my child in the following class:

Morning, Monday/Wednesday

Morning, Tuesday/Thursday

Afternoon, Tuesday/Thursday

FOR OFFICE USE ONLY

Class Deposit Information:

352 S Main Street • Crown Point IN 46307  
t. 219.663.1515 • f. 219.662.2714 • www.FUMCCP.org

