



Faith Dogs Registration Form 2008 - 2009

For All Children in Grades 1st - 5th

For **All I Trust Him & Depend On God's Salvation**

Child's Name: _____

Grade in Fall 2008: _____ Age: _____

Parents'/Guardian's Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____ Do you check your email regularly? Yes No

Does your child have any allergies we should know about? Yes No

If yes, please explain: _____

Will your child need transportation to the church? Yes No

If transportation is needed at 4:45 pm, at what address will the child be?

Address: _____ Phone: _____

Will your child need transportation from the church? Yes No

If transportation is needed at 6:45 pm, to what address do we take the child?

Address: _____ Phone: _____

Emergency Contact between 5:00 pm & 7:00 pm

Name: _____ Phone: _____

*As parents, would you be willing to volunteer to help with Faith Dogs
for at least one evening?*

Yes No

*If you marked "Yes" - we deeply appreciate your willingness!
We will give you a call in the future to schedule the date for you to help us with the program.*