

# DISCIPLE QUEST

"If you hold to my teaching, you are really my disciples."  
John 8:31b

Wednesday Evening Program

Class \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name of Child \_\_\_\_\_

Name of Child \_\_\_\_\_

Name of Child \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell/Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell/Work # \_\_\_\_\_

Home Church \_\_\_\_\_

In Case of Emergency, (Other than Parents) Call:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

Does child have any allergies (food, bees, poison ivy, etc)? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ (Parent)

Office Use Only

Registration Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_