



Date: _____

Parent/Guardian: _____ Cell Phone: _____
First Name Last Name *Please keep on vibrate during the service.*

Parent/Guardian: _____ Cell Phone: _____
First Name Last Name *Please keep on vibrate during the service.*

Address: _____
Street City, State Zip

Relation to the children: _____ Email: _____

Are you a... ___ member ___ regular attender ___ visitor How did you hear about AMBC? _____

1st Child: _____ Male Female *Special Needs
First Name Last Name DOB Grade 2016-17

2nd Child: _____ Male Female *Special Needs
First Name Last Name DOB Grade 2016-17

3rd Child: _____ Male Female *Special Needs
First Name Last Name DOB Grade 2016-17

4th Child: _____ Male Female *Special Needs
First Name Last Name DOB Grade 2016-17

Photography/Video Recording, which could include your children, may occur during AMKM activities.

**Please inform the Director of any special arrangements your child may need.*



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