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# FaithWeaver Friends Registration Form

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Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_

Known allergies (including food) \_\_\_\_\_

Special needs \_\_\_\_\_

What else would you like us to know about your child?

## Emergency Contact Person:

Parent/Guardian name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number (Home) (\_\_\_\_\_) \_\_\_\_\_

Cell phone or pager number (\_\_\_\_\_) \_\_\_\_\_

Phone number (Work) (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

We sometimes ask parents and guardians to share a special skill or hobby during a brief “show and tell” time in the Surprise Station Discovery Center. Please help us by completing the following:

What are your hobbies?

What are job skills you might be able to demonstrate?



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