



Harvest
FELLOWSHIP

Harvest Children's Ministry Registration Form

Parent or Guardian Name:	
Address:	
Home Phone:	Cell Phone:
Email:	Email:
Who Besides Parent/Guardian is authorized to pick up child(ren)?	

Child's Name	Birthdate	Age	Grade

Special Concerns (Allergies, special needs, safety etc.):

Special concerns may also be communicated to Kari Watkins, harvestmnkids@gmail.com