

# CHILD OF DESTINY REGISTRATION FORM

PLEASE AFFIX  
PHOTO HERE

PLEASE USE BLOCK LETTERS & COMPLETE ALL  
SECTIONS. ONE FORM / CHILD

Child's Personal Information			
Full Name			Boy / Girl
Birthday DD/MM/YY	Toddlers / N / K1 / K2 P1 / P2 / P3 / P4 / P5 / P6		
Address			
Home Phone No			
Takes Communion	Yes / No	Session Joining	9am 11am
Father's Name			
Father's Email/Hp			
Mother's Name			
Mother's Email/Hp			
Sibling's Names (Ages)			
Christian	Yes / No	Parent PMC Member	Yes / No
Attending PMC Since Yr	Year Baptized	Other Churches Attended	
Allergies	Parent's Signature		
Health Conditions			
Special Needs			

Thank you for taking time to fill the form.

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