



# DALLAS ALLIANCE CHURCH

## GROWING IN CHRIST TOGETHER

775 East Ellendale Ave • Dallas OR 97338 • 503-623-2265 • dacoffice@dallasalliance.org

### Children & Student Ministries Enrollment Form

Child's Name: \_\_\_\_\_  
First Middle Last

Child's Nickname: \_\_\_\_\_ Use Nickname:  Yes  No Birthdate: \_\_\_\_\_

Boy  Girl Grade: \_\_\_\_\_ School: \_\_\_\_\_

Baptized:  Yes  No Date: \_\_\_\_\_ Church Member:  Yes  No Date: \_\_\_\_\_

Food or Other Allergies: \_\_\_\_\_

Interests/Special Needs: \_\_\_\_\_

### Family Information

Parents/Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Members:  Yes  No

Siblings (names & ages): \_\_\_\_\_

### Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Last

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

My child may be photographed for publicity or news purposes. Please type in Yes or No: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

All Information Clear:  Yes  No

**For Office Use Only**

Filed: \_\_\_/\_\_\_/\_\_\_\_\_

Comments: \_\_\_\_\_