

# AGAPE MOMMY & ME CLASS REGISTRATION

DATE \_\_\_\_\_

STEP 1 Parent/Guardian One

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Email: \_\_\_\_\_

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

STEP 1 Parent/Guardian Two

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Email: \_\_\_\_\_

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

STEP 2 Address Information (Primary Residence of Child)

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

STEP 3 Individual Child's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Has your child been baptised? \_\_\_\_\_

Are you interested in baptism? \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Has your child been baptised? \_\_\_\_\_

Are you interested in baptism? \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Questions? Email Kimberly Read at [kimberlyr@graceboca.org](mailto:kimberlyr@graceboca.org).