



FaithQuest Registration Form

Sundays 10-10:45 AM

Child Information			
Name	Grade	Baptism Date	Notes (Allergies, Medical Conditions, Special Accommodations)
Family Information			
Father's Name:		Mother's Name:	
Cell Phone:		Cell Phone:	
Email to receive updates:		Email to receive updates:	
Address:		City, State:	Zip Code:
In case of an emergency if parents cannot be reached, whom should we contact?			

As parents of these children, we understand that we have a sacred responsibility to see to their religious education. This responsibility can only be fulfilled if we work in partnership with the Pastors and volunteers of FaithQuest. We, therefore, promise to make a conscientious effort to see to it that these children attend FaithQuest regularly, and to work to reinforce their lessons at home. In addition, we commit to assist with FaithQuest in some capacity at least 1 Sunday bi-monthly.

Signature: _____ Date: _____

WELCOME TO FAITHQUEST!

Please send any comments or questions to oslctfaithquest@gmail.com