



## **BABY RECOGNITION – 2011** **REGISTRATION FORM**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If Adopted, Date Joined Family: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Please fill out and turn into the Baby City check-in counter on Sunday or to the church receptionist during the week.

\*\*Please provide a photo of your child that we can scan.

**For more information, contact Julie St. Clair at 417-624-6915 x130**

# **Deadline is January 8<sup>th</sup>**