

**2009–10 Women’s Bible Study**  
**New Testament Writers**  
**Sept. 16, 2009–May 19, 2010**

**Registration**

Please complete and print this form, then mailed to:

**CPC**

1005 Shell Blvd  
Foster City, CA 94404  
attn: Norma Bufford

**WBS Registration**

Morning (9<sup>15</sup>—11<sup>15</sup> am)  Evening (7—9 pm)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Church \_\_\_\_\_

*If possible, I would like to be placed in a group with:* \_\_\_\_\_

**Emergency contact:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

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

Scholarship needed

**Morning Session Note**

If you have children who will be attending with you, be sure to complete a Children’s Ministry Registration Card for **EACH** child.

# 2009–2010 • Children’s Program Registration

Date \_\_\_\_\_

Grade \_\_\_\_\_

Child’s Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Mother’s Name \_\_\_\_\_

Mother’s Group Leader \_\_\_\_\_

Table # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell \_\_\_\_\_

If your child has any food allergies, a physical condition which requires special assistance or a learning disability which may affect his/her participation in class, please note it here and let their teacher know.

\_\_\_\_\_  
\_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Please remember to pick up your child promptly!