

Clubhouse Ministries Participation Record

*Parents: Please fill out the top portion and return with your child.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Birthdate ____/____/____ Date Enrolled ____/____/____

Names of all adults living with child _____

Any Allergies, Medications, or Medical Concerns For Us To Be Aware Of _____

AWARD	WEEK 1	WEEK 2	WEEK 3	DATE COMPLETED
1. Fitness				
2. My Family				
3. Missions				
4. Christian Life				
5. Scripture				
6. Friendship				
7. King's Kids				
8. God's Family				

XL = Excel Sheet