

Registration Form

Child's Name _____

Parent/Guardian Name _____

Address (street address, city, state, and zip code)

Mailing Address (if different)

Phone Numbers

Home _____

Work _____

Cell _____

Email _____

Age Information

Birth date _____

Current grade in school _____

Medical Information

Medical or other information we need to know.
(Please include any food allergies.)

Emergency Contacts (Other than listed above)

Name _____

Phone number _____

Name _____

Phone number _____

Dismissal Information

Who may pick up or receive your child?

Other Information

Does your child need a ride and have permission to travel in church vehicles (Must be in at least Kindergarten to ride without an adult)?

Yes No

May we have permission to photograph your child?

Yes No

May we have permission to use your child's photograph for the purpose of promotion?

Yes No

Parent/Guardian Signature: _____

Date: _____

Additional Children

Child's Name _____

Age Information

Birth date _____

Current grade in school _____

Medical Information

Medical or other information we need to know.
(Please include any food allergies.)

Emergency Contacts (If Different)

Name _____

Phone number _____

Name _____

Phone number _____

Dismissal Information (If different)

Who may pick up or receive your child?

Child's Name _____

Age Information

Birth date _____

Current grade in school _____

Medical Information

Medical or other information we need to know.
(Please include any food allergies.)

Emergency Contacts (If Different)

Name _____

Phone number _____

Name _____

Phone number _____

Dismissal Information (If different)

Who may pick up or receive your child?

Additional children may be listed on the back of this form using the information above.