

Date Received \_\_\_\_\_

# Registration Form



Full Name of Child \_\_\_\_\_

Nickname \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address(if different) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Days/Hours \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Days/Hours \_\_\_\_\_

E-mail \_\_\_\_\_

Family Status  Parents living together  Parents Separated  
 Parent absent or deceased  Other \_\_\_\_\_

If parents are living seperately, may the other parent be contacted in case of emerge  Yes  No

Persons authorized to pick up child from the church:

\* \_\_\_\_\_ Phone \_\_\_\_\_

\* \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I authorize the church to contact:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Or, to secure medical attention from another doctor or emergency room, if necessary.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Church Affiliation(if any) \_\_\_\_\_

Describe any special needs that your child may have in relation to health, diet, abilities, or fears:

List any songs, finger plays, activities, snacks, or toys that your child enjoys(to help us plan our activities):

Tell us about your child's typical schedule \_\_\_\_\_

Other children(names and ages) \_\_\_\_\_

Pets \_\_\_\_\_

If at any time the above information changes, I will contact the church immediately.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_