



# Registration Form

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

Last Grade Completed in School \_\_\_\_\_

## Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

## Medical Information

Medical info we need to know (please include food allergies)

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Address (street, city, zip code)

\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

## Dismissal Information

Who may pick up your child at the end of each day?

\_\_\_\_\_

## Other Information

Do you attend Sunday School? If so, where?

\_\_\_\_\_

If you are visiting, who are you a guest of?

\_\_\_\_\_

May we photograph your child? Yes No

May we use that photo for promotion? Yes No