



REGISTRATION INFORMATION

Please fill out one form per child in its entirety.

FOR OFFICE USE ONLY
Date Rec'd
Grade:

Last Name: _____ First Name: _____

Home Phone Number: _____ Cell Phone: _____

Street Address: _____

City/State/Zip: _____

E-mail Address _____

(Please print clearly and note case sensitive – needed for theme night reminder)

Guardian's Name: _____

Relationship: _____ Evening Phone: _____

People Authorized to Pick-Up Child: 1. _____ 2. _____

***Note Must be Sent for Child Pick-Up Other Than Two Designated Above!*

School: _____ Grade (in fall): _____

Church Home: _____

Birthday (include year) _____ Age: _____

Emergency Information:

In case of emergency, when you cannot be contacted, list the name and phone number of the person to be called:

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

Please list any medications, allergies or physical, emotional and social limitations of which the staff should be aware: _____

In case of emergency (when parent cannot be reached), I hereby give my permission to Friedens Church to secure treatment for my child.

Signature: _____ Date: _____