

# REGISTRATION FORM

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age \_\_\_\_\_

Siblings attending? Please list names and ages below:

\_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you accept text messages?  Yes  No

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

Emergency Contact Name and Number \_\_\_\_\_

Special Needs/Allergies/Other Concerns

\_\_\_\_\_

Is there a friend your child would like to be placed with?

\_\_\_\_\_

PHOTO RELEASE: By filling out this form I also agree to the following release of information regarding my child: The church may feature my child in the broadcast and print media, on the church web site, and in publications and programs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_