



Registration Form

Child's Name _____

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Phone Numbers:

Home _____ Cell _____

Grade you child will be in this school year _____

Medical Information:

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

Emergency Contact:

Name _____ Phone number _____

Name _____ Phone number _____

Other Information:

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

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph in church publications for the purpose of promotion? Yes No

Church use only:

Preschool—Kinder <input type="checkbox"/>	1st—5th grade <input type="checkbox"/>	Crew # <input type="checkbox"/>
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