



FAMILY REGISTRATION

Please PRINT and complete this card in it's entirety
You may use the back for additional information

Today's Date _____

Dad's Last Name _____ First Name _____ DOB _____

Mom's Last Name _____ First Name _____ DOB _____

OR

Guardian's Last Name _____ First Name _____ DOB _____

Home Phone # _____ Mom's Cell # _____ Dad's Cell # _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ School _____

CHILD'S FIRST & LAST NAME

(Please give last name if different than above)

BIRTHDATE

(MM/DD/YY)

SEX

(M/F)

AGE

GRADE

FOOD ALLERGIES/SPECIAL NEEDS

1. _____

2. _____

3. _____

4. _____

OTHER ADULTS AUTHORIZED TO PICK UP YOUR CHILD

1. _____ Relationship _____ Phone # _____

2. _____ Relationship _____ Phone # _____

Do we have permission to publish your child's picture in our "local" church publications, which may include bulletin boards, newsletter, web page, etc... Yes No

Parent's Signature _____

Office Use Only: Entered by: _____