Registration Form	Additional Children
Child's Name	Child's Name
Parent/Guardian Name	
Address (street address, city, state, and zip code)	Age Information
	Birth dateCurrent grade in school
Mailing Address (if different)	
Mailing Address (if different)	Medical Information
	Medical or other information we need to know.
Phone Numbers	(Please include any food allergies.)
Home	
Work	
Cell	
Email	<b>Emergency Contacts (If Different)</b>
Age Information	Name
Birth date	Phone number
Current grade in school	NamePhone number
<b>Medical Information</b>	
Medical or other information we need to know.	Dismissal Information (If different)
(Please include any food allergies.)	Who may pick up or receive your child?
	Child's Name
<b>Emergency Contacts (Other than listed above)</b>	Age Information
Name	Birth date
Phone number	Current grade in school
Name	Current grade in school
Phone number Name Phone number	<b>Medical Information</b>
Name	Medical Information  Medical or other information we need to know.
NamePhone number	<b>Medical Information</b>
NamePhone number  Dismissal Information	Medical Information  Medical or other information we need to know.
Phone number  Dismissal Information  Who may pick up or receive your child?	Medical Information  Medical or other information we need to know.
Phone number  Dismissal Information  Who may pick up or receive your child?  Other Information	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)
Phone number  Dismissal Information  Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)
Phone number  Dismissal Information  Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to travel in church vehicles (Must be in at least	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name
Phone number  Dismissal Information  Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to travel in church vehicles (Must be in at least Kindergarten to ride without an adult)?	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number
Phone number  Dismissal Information  Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to travel in church vehicles (Must be in at least	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number
Phone number  Dismissal Information  Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to travel in church vehicles (Must be in at least Kindergarten to ride without an adult)?	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number Name Phone number
Phone number  Dismissal Information  Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to travel in church vehicles (Must be in at least Kindergarten to ride without an adult)?  Yes No	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number Name Phone number  Dismissal Information (If different)
Phone number  Dismissal Information  Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to travel in church vehicles (Must be in at least Kindergarten to ride without an adult)?  Yes No  May we have permission to photograph your child?  Yes No	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number Name Phone number
Phone number  Dismissal Information Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to travel in church vehicles (Must be in at least Kindergarten to ride without an adult)?  Yes No  May we have permission to photograph your child?  Yes No  May we have permission to use your child's	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number Name Phone number  Dismissal Information (If different)
Phone number	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number Name Phone number  Dismissal Information (If different)  Who may pick up or receive your child?
Phone number  Dismissal Information Who may pick up or receive your child?  Other Information  Does your child need a ride and have permission to travel in church vehicles (Must be in at least Kindergarten to ride without an adult)?  Yes No  May we have permission to photograph your child?  Yes No  May we have permission to use your child's	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number Name Phone number  Dismissal Information (If different)
Phone number	Medical Information  Medical or other information we need to know.  (Please include any food allergies.)  Emergency Contacts (If Different)  Name Phone number Name Phone number  Dismissal Information (If different)  Who may pick up or receive your child?  Additional children may be listed on the back of