

Family Registration Card

Parent/Guardian Name(s) _____ Relation to Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Mom cell _____ Dad cell _____

Permanent Residence of Child (if different from above)

Address _____ City _____ State _____ Zip _____

Child's Name _____

DOB _____ Grade _____ Gender M F

Allergies _____

Med. Cond. / Special Needs (see below)

Child's Name _____

DOB _____ Grade _____ Gender M F

Allergies _____

Med. Cond. / Special Needs (see below)

Child's Name _____

DOB _____ Grade _____ Gender M F

Allergies _____

Med. Cond. / Special Needs (see below)

Child's Name _____

DOB _____ Grade _____ Gender M F

Allergies _____

Med. Cond. / Special Needs (see below)

In case of a lost security tag, my child(ren) may be released to the parents above OR one of the following people:

Name _____ Phone _____

Name _____ Phone _____

My child has the following diagnosis, medical condition or learning difference:

My child needs assistance with:

My child's behavior may indicate a medical need requiring immediate attention when:

My child's primary mode of communication is:

If my child experiences frustration, he or she will calm down when:

My child is most relaxed in the following settings (please circle): alone with a few children among many children

My child would / would not (circle one) enjoy large group worship.

My child can NOT have (circle all that apply) while in our care: Goldfish Rice/Corn Chex Cheerios Candy

Other information:
