Child information

Name Date of Birth

Address

Street City Zip

Age as of September 1, 2022 Male/Female

Allergies or Health Conditions (Please write NONE if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs

Family Church Affiliation

Primary Caretaker (Parent or Guardian) Information

Full Name Cell Phone

Address Home Phone

City, State, Zip Work Phone

Relation to Child Email Address

Alternative Caretaker (Parent or Guardian) Information

Full Name Cell Phone

Address Home Phone

City, State, Zip Work Phone

Relation to Child Email Address

For office use only

Date Registered Check # Cash Amount

Supply Fee Received Check # Cash Amount

Check if employee’s child