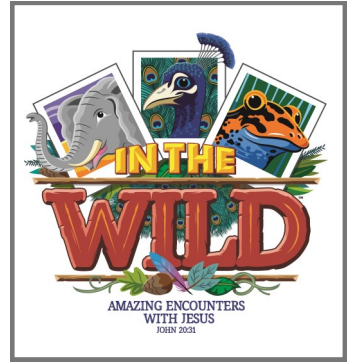


Registration Form



Child's Name: _____

First Name

Last Name

Did child attend our VBS in 2018? Yes / No / Don't Know (circle one)

Does child attend our Jesus Loves Me Childcare Center? Yes / No (circle one)

Child's Gender: Male / Female (circle one)

Parent/Guardian Name/s: _____

Street Address: _____

PO BOX: _____

City, State, & Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Child's Date of Birth (month, day, year): _____

Child's Last Grade Completed: _____

Allergies, Medical, & Special Needs *(use back of form if needed)*: _____

Emergency Contact (FULL NAME) (1): _____

Emergency Contact Phone Number/s (1): _____

Emergency Contact (FULL NAME) (2): _____

Emergency Contact Phone Number/s (2): _____

*Authorized Pickup (FULL NAME) #1: _____

*Authorized Pickup (FULL NAME) #2: _____

*Authorized Pickup (FULL NAME) #3: _____

*Authorized Pickup (FULL NAME) #4: _____

Is child a member of this church? Yes / No (circle one)

Child is guest of: _____

Does child attend church? Yes / No (circle one)

If so, where? _____

ATTENDANCE	SUN	MON	TUES	WED	THURS
<i>for office use only</i>					