

Today's Date: _____

Please print
Use back for additional children

Family Last Name: _____

Family Home Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Mother: Name _____ **Home Phone** _____

Cell Phone _____ **Email** _____

Father: Name _____ **Home Phone** _____

Cell Phone _____ **Email** _____

Family Physician Name: _____ **Phone Number:** _____

Hospital Preference: _____

I give my permission to the staff (or program teachers) of East Boulder Baptist Church to obtain emergency treatment including transportation by emergency vehicles and the services of licensed medical personnel for the below named children.

Signature _____ **Date** _____

Child will be brought to church by:

Both Parents: _____ Mother: _____ Father: _____ Another Adult (If so please complete below): _____

If children are brought by someone other than a parent, please complete the following:

Name _____ Home Phone _____ Cell _____

(relationship) _____ Email _____

Additional information we should know: _____

Please complete child information below. Name additional children on back of form.

Child 1

Child's Full Name: _____ **Sex:** Male Female

Nickname: _____ **Child's Birthday:** _____ **Age:** _____

Child is allergic to: _____

Health Information: List any health conditions, disabilities, allergies, learning behaviors, notes: _____

Child 2

Child's Full Name: _____ **Sex:** Male Female

Nickname: _____ **Child's Birthday:** _____ **Age:** _____

Child is allergic to: _____

Health Information: List any health conditions, disabilities, allergies, learning behaviors, notes: _____

Child 3

Child's Full Name: _____ **Sex:** *Male Female*

Nickname: _____ **Child's Birthday:** _____ **Age:** _____

Child is allergic to: _____

Health Information: *List any health conditions, disabilities, allergies, learning behaviors, notes:* _____

Child 4

Child's Full Name: _____ **Sex:** *Male Female*

Nickname: _____ **Child's Birthday:** _____ **Age:** _____

Child is allergic to: _____

Health Information: *List any health conditions, disabilities, allergies, learning behaviors, notes:* _____

Child 5

Child's Full Name: _____ **Sex:** *Male Female*

Nickname: _____ **Child's Birthday:** _____ **Age:** _____

Child is allergic to: _____

Health Information: *List any health conditions, disabilities, allergies, learning behaviors, notes:* _____

<i>For Church Office Use</i>	
	E-mail copies to WENT & King's Kids leaders
	File original by <u>last</u> name in "Child Registration Binder" in church office.
<i>All information is confidential and should be kept in a secure place.</i>	

Leader note: *Update this form when there are significant changes, additional information (such as health issues or allergies), or a new child is added to the family.*