

Friends in Christ Registration Form

Child's Name _____

Sex _____ Last Grade _____ Age _____ First Allergies _____ MI _____

Special Needs _____

Child's Doctor _____ Phone _____ Address _____

Child's Name _____

Sex _____ Last Grade _____ Age _____ First Allergies _____ MI _____

Special Needs _____

Child's Doctor _____ Phone _____ Address _____

Child's Name _____

Sex _____ Last Grade _____ Age _____ First Allergies _____ MI _____

Special Needs _____

Child's Doctor _____ Phone _____ Address _____

Hospital Preference _____

Home Address _____

Home Phone _____ Home E-mail _____

Father's Name _____ Father's Cell _____

Mother's Name _____ Mother's Cell _____

In the event of an emergency in which I cannot be reached, the doctor listed above is authorized to provide any emergency care deemed necessary for my child.

Parent Signature _____

Please list below anyone who has permission to pick up your child other than yourself.

1. _____ 2. _____ 3. _____

*There will be no exceptions to the above names unless parent gives written permission.

Parent Signature _____