

SUNLAND

CHILDREN'S MINISTRY

REGISTRATION FORM

Today's Date: _____

A. Child's information (please fill out one form per child)

• Child's first and last name: _____

• Date of birth (mm/dd/yyyy): _____

Male Female

• If Applicable, School: _____

• Grade this year: _____

• If not in school, age: _____

B. Parent or Caregiver's names

1. First & Last Name: _____

Relationship: _____

2. First & Last Name: _____

Relationship: _____

C. Contact Info: You can fill out part C once if you are filling out more than one form for your children:

• Email (Your email will help us communicate better with you. We will not share your address with anyone. We use your email when we need to send you information on upcoming events and to get feedback):

• Address: _____

• City: _____

• Postal: _____ Phone: _____

D. Health Concerns *Check all that apply*

Allergies. Explain: _____

Asthma. Explain: _____

Medications we should be aware of: _____

Dietary requirements we should be aware of: _____

Other health concerns: _____

Any learning/physical concerns we should be aware of

Dietary requirements we should be aware of

Is your child toilet trained? Yes No

Are there any special circumstances in regards to parental arrangements we need to know about?

Is there a custody agreement or restraining order? Yes No

(If your answer is yes, a copy must be provided)

Are there any recent events we should know about, or things you would want to tell us about your child or your family that would help us get to know your child and be sensitive to his/her situation?

For parents with children in Preschool, Kindergarten and Grade 1

Person's authorized to remove child from Preschool Class and K-1 Class / to contact in case of emergency while they are in class

Please fill out one per family:

Name(s) of children

1. First _____
Last _____
2. First _____
Last _____
3. First _____
Last _____

Name(s) of person's you are authorizing to sign your children out / contact in case of emergency

1. Name (first and last): _____
Relationship: _____
Signature: _____
2. Name (first and last): _____
Relationship: _____
Signature: _____
3. Name (first and last): _____
Relationship: _____
Signature: _____

** Please note that only the above noted people are authorized to remove the child from the preschool and K-1 classes. If a person other than those listed above will be picking up the child, he/she must sign the child in so that a signature match can be completed.*