

REGISTRATION FORM 2023/2024

Registration Fee Paid _____

CHILD'S NAME _____ **called by** _____
 First **Middle** **Last** (as it appears on birth certificate)

Child's age: ____ **Birthdate:** Month ____ Day ____ Year ____ **Male** ____ **Female** ____

Father's Full Name _____ **Occupation** _____
Employer: _____ **Phone #** _____

Mother's Full Name _____ **Occupation** _____
Employer: _____ **Phone #** _____

Home Address: _____
 Number and Street **City** **State** **Zip**

Phones-Home _____ **cell** **Father** _____ **Mother** _____

Email Address _____
Person to call in case of an emergency, if parents cannot be reached.

Name		Relationship		Phone Numbers	
Brothers/Sisters	Age	Birthdate	Brothers/Sisters	Age	Birthdate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Doctor _____ **Phone#** _____
Medical History (Allergies, problems, etc. that we need to be aware of)

All shots should be up to date and sick children should remain at home.
Name of Church you attend _____
Pets (kind and name) _____
Favorite toys, games, songs, _____

Anything special that would help the teacher with your child

REGISTRATION PERMISSION FORMS 2023/2024

PLEASE SIGN THE FOLLOWING FORMS: The medical release will be used only if we have an emergency, and we could not reach you or the emergency person you have designated.

_____ (Child's Full Name) has my permission to participate in any and all activities for the 2023/2024 school year. I also relieve the Teachers, Helpers and Unity Church of any and all responsibilities pertaining to any possible accident or mishap related to these activities. I understand that all safety precautions will be taken to ensure the safety of my child.

Signature of PARENT or LEGAL GUARDIAN

MEDICAL PERMISSION RELEASE

PERMISSION IS GRANTED TO THE DOCTOR(S) OR HOSPITAL TO TREAT

Child's Full Name

IN CASE OF AN EMERGENCY AND I CANNOT BE LOCATED.

SIGNATURE (Full Name of PARENT OR LEGAL GUARDIAN) Date