

# CHILD REGISTRATION FORM

Child's FULL Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age/Grade \_\_\_\_\_

Street Address \_\_\_\_\_ Gender \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Contact Information

Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Cell #1 \_\_\_\_\_ Name \_\_\_\_\_

Cell #2 \_\_\_\_\_ Name \_\_\_\_\_

## Emergency Contact (other than parent)

Phone \_\_\_\_\_ Name/Relationship \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

WFMC  
Child Registration Form  
Valid through 8/2022

PAGER

← (PLEASE SEE REVERSE SIDE)

**GRADES 1-5** \_\_\_\_\_ HOLD my child until someone comes to pick him/her up.

**ONLY** \_\_\_\_\_ RELEASE my child at the end of class.

In addition to the contacts listed on the reverse, the following may pick up my child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Medical Release Form

In the event we cannot be reached during an emergency, I (we) give permission for our child to be treated by a licensed healthcare professional and for said person to administer care as necessary, including anesthesia.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please note any medical allergies, problems, or medications being taken or other information that is pertinent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_