

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

Primary Email Address _____

Cell #1 _____ Name _____

Cell #2 _____ Name _____

Emergency Contact (other than parent):

Phone _____ Name/Relationship _____

Allergies _____

Special Needs _____

WFMC
Child Registration Form
Valid through 8/2023

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:

