

Preschool/Elementary Registration Form

Child's Name: _____

Nickname: _____ Birth Date: _____ Grade: _____

Parents/Guardians: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Who May Pick Up Child from Class: _____

Allergies/Medical Concerns: _____

I give my permission to Reflections Church to keep the information listed above, in records, for use of the Nursery/Children's and Youth ministries. Yes No

I give my permission to Reflections Church to use my child's name and/or photo on material posted within the church. Yes No

I would be willing to volunteer in the Nursery/Children's Ministry. Please contact me for further details/information. Yes No

Parent's/Guardian's Signature:

_____ Date: _____