

# Sunday Learning Hour 2010-2011

## Child Registration Form

Child/Youth First Name: \_\_\_\_\_

Child/Youth Last Name: \_\_\_\_\_

Parents/Guardian Full Name: \_\_\_\_\_

Parents/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Child/Youth Cell Phone: \_\_\_\_\_ (if applicable) Texts? Y / N

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Youth Email: \_\_\_\_\_ Facebook? Y / N

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Allergies & Medications:

\_\_\_\_\_

Talents and Interests: \_\_\_\_\_

\_\_\_\_\_

The information on this page will be kept in classrooms.

# Confidential Information

(This information will remain confidential with access by pastoral staff and as permitted by parents/guardians) Please be as detailed as you deem necessary, knowing this information will help secure a safe environment for your children.

Medical: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavioral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emotional: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_