



Child Registration Form

Children entering Grades 1st to 5th in the Fall

Name of Parent/Guardian: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number you can be reached at during Summer Kids Week: _____

Child's Last Name: _____ Child's First Name: _____

Date of Birth: ____/____/____ Gender: Boy Girl

Grade Entering in the Fall : 1 2 3 4 5

Child's Last Name: _____ Child's First Name: _____

Date of Birth: ____/____/____ Gender: Boy Girl

Grade Entering in the Fall : 1 2 3 4 5

Child's Last Name: _____ Child's First Name: _____

Date of Birth: ____/____/____ Gender: Boy Girl

Grade Entering in the Fall : 1 2 3 4 5

Emergency Contact: _____ Phone Number: _____

List any special needs, allergies or medical concerns (continue on back if necessary): _____

Home Church: Essex Alliance None Other _____

List placement or child/friend requests (not guaranteed): _____

Check box if you do NOT want your child's picture to be used in future promotional materials

Official Use Only Date Registered: _____ Processed: _____ Medical: _____
--