

KIDS ALIVE

CHILD INFORMATION & REGISTRATION

Dear Parents,

We at KMB would like to keep your child as safe as possible while in our care. Please take the time to fill out the information below. If your child requires emergency medical attention and we are not able to contact you or the other name provided, we will take the steps necessary to ensure that your child is treated.

We would like to remind you of potential health concerns. Please keep your child at home if she/he comes down with a condition that is easily spread such as: a bad cold, flu, fever, head lice, pink eye, impetigo, etc. If a particular health condition persists, you may be requested to provide a doctor's certificate verifying that the condition will not spread.

Thank you for your cooperation.

-PLEASE PRINT-

Child's Name:

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

Birth Date:

____ / ____ / _____ Male Female
dd / mm / yyyy

Address:

City:

_____ Postal Code: _____

Telephone:

____ - ____ - _____ E-mail: _____

Mother's Name:

_____ Mother's Work Phone: ____ - ____ - _____

Father's Name:

_____ Father's Work Phone: ____ - ____ - _____

Grade (Sept.):

_____ School: _____

Home Church?

Health Concerns:

Emergency Contact:

_____ Phone: ____ - ____ - _____

At Dismissal:

- I will pick up my child from his/her classroom.
- I give permission for my child to be released from his/her classroom at the end of the program and have a pre-arranged meeting place: _____
- My child will walk home from the program.
- Other: _____

I give permission for Kids Alive staff to photograph and video my child for church newsletters, bulletin boards, website, etc. Yes No (If NO, please provide a photograph of your child for cross-checking.)

Name of parent/guardian (PLEASE PRINT): _____

Signature: _____ Date: _____