

# ROLLING HILLS BAPTIST CHURCH

## Child Registration Form

(one form per child)

Child's Name: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (where child lives): \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Guardian (if other than parent): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Allergies, Medical Issues, or diet restrictions for child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Classes your child attends (Please mark all they attend, even occasionally):*

\_\_\_\_ Sunday School    \_\_\_\_ Children's Church    \_\_\_\_ Children's Choir    \_\_\_\_ Wed. evening mission class

Those authorized to pick up child in addition to Parent/Guardian listed above:

1. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

3. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Special/Additional Instructions regarding your child: \_\_\_\_\_

\_\_\_\_\_

Where can you be located while your child is at RHBC? Sunday A.M. \_\_\_\_\_

Sunday P.M. \_\_\_\_\_ Wed. P.M. \_\_\_\_\_ Other \_\_\_\_\_

*Registering your child will help to assure their safety and well being during their time with us.*

Your Friends at Rolling Hills Baptist Church

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_