

Children's Check-In Form



PLEASE DROP IN THE OFFERING BUCKET DURING SERVICE.

Household Information

SELECT ONE

NEW REGISTRATION CHANGE OF INFORMATION

NAME OF PARENT/LEGAL GUARDIAN (LIVING WITH CHILDREN LISTED ON BACK OF THIS CARD)

DOB

/ /

RELATIONSHIP

FATHER MOTHER LEGAL GUARDIAN OTHER (PLEASE DESCRIBE)

ADDRESS

CITY, STATE, ZIP

PHONE

H

C

W

EMAIL

COMMENTS

Additional person(s) authorized to pick up your child(ren)

NAME

RELATIONSHIP

NAME

RELATIONSHIP

Removal of person(s) previously authorized to pick up your child(ren)

NAME

RELATIONSHIP

NAME

RELATIONSHIP

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE

please turn over



Children's Check-In Form continued

Child(ren)'s Information					
1	CHILD'S FULL NAME	NICKNAME	DOB	GRADE	M/F
			/ /		
Is there any additional information we need to know about this child? (medical, behavioral, allergies, etc.)					
2	CHILD'S FULL NAME	NICKNAME	DOB	GRADE	M/F
			/ /		
Is there any additional information we need to know about this child? (medical, behavioral, allergies, etc.)					
3	CHILD'S FULL NAME	NICKNAME	DOB	GRADE	M/F
			/ /		
Is there any additional information we need to know about this child? (medical, behavioral, allergies, etc.)					
4	CHILD'S FULL NAME	NICKNAME	DOB	GRADE	M/F
			/ /		
Is there any additional information we need to know about this child? (medical, behavioral, allergies, etc.)					
5	CHILD'S FULL NAME	NICKNAME	DOB	GRADE	M/F
			/ /		
Is there any additional information we need to know about this child? (medical, behavioral, allergies, etc.)					