



South Hill Kids - Child Registration Form

(Confidential – not for publication or distribution)

Name of Child _____
(surname) (given names) (also known as)

Address _____

Postal Code _____ Phone _____

Person(s) with whom the child lives (adults and children) _____

Child's first language _____ Other languages _____

Parent(s) / guardian(s)

Name _____ Email _____

Home Phone _____ Cell phone _____

Name _____ Email _____

Home Phone _____ Cell phone _____

Other persons authorized to pick up this child and be contacted in case of emergency

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Child's Information

Date of birth _____ Age _____ Gender M or F

Favorite Activities _____

Is upset by/does not like _____

Allergies/food sensitivities _____

Fears _____

Any medical concerns _____

Custody Agreement Yes N/A Provided to Facility Yes No N/A

Please tell us anything else you think will help us provide an enriching experience for your child _____

A parent/guardian is expected to be on church property when their child is being cared for in any of our children's ministries, unless under special circumstances.

Parent/guardian signature _____ Date _____