

2017-2018 AEC CHILDREN'S REGISTRATION FORM

CURRENT GRADE _____

This form will be kept on file and used ONLY by program teachers/leaders and/or church staff. It provides essential data in case of an emergency, transportation or other need so that the parent or designated alternate(s) can be contacted.

CHILD'S NAME: _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

PRIMARY PHONE _____ IF CELL, WHAT CARRIER? (VERIZON, SPRINT, ETC) _____

PARENT'S EMAIL _____ HOME CHURCH _____

HEALTH CONCERNS _____

MOTHER'S NAME _____ CELL PHONE _____ May pick up child? Yes / No

FATHER'S NAME _____ CELL PHONE _____ May pick up child? Yes / No

EMERGENCY CONTACT PERSON (WILL BE CALLED IF PARENT IS NOT AVAILABLE)

NAME _____ PHONE _____ May pick up child? Yes / No

Circle the following programs that your child will be participating in at AEC during the 2017-2018 school year:

____ Sunday Children's Programs ____ Wednesday Night Connection Club ____ Summer Vacation Bible School

My child, _____, has my permission to attend program outings and be transported to those events by the church. I understand that teachers or program staff will send home written information prior to special events.

PARENT'S SIGNATURE _____ DATE _____

