

# Kids Ministry Child Registration Form

Child Information - Please print clearly



Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Completing Child Registration Form:

\_\_\_ I am new to Calvary Nexus (WELCOME!)

\_\_\_ I need my Child's information to be updated

\_\_\_ Other (please indicate): \_\_\_\_\_

• **Child's Legal Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ Gender (circle) Male Female

Does your child have an IEP? (circle) YES NO

Allergies or Special Conditions: \_\_\_\_\_

• **Child's Legal Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ Gender (circle) Male Female

Does your child have an IEP? (circle) YES NO

Allergies or Special Conditions: \_\_\_\_\_

**Mother's/Guardian's Name:** \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

Home address: \_\_\_\_\_

(street address) (city) (zip code)

**Father's/Guardian's Name:** \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

Home address: \_\_\_\_\_

(if different from above) (street address) (city) (zip code)

Person(s) who are 18 years or older that **are authorized** to sign child(ren) in/out of class:

1. \_\_\_\_\_ Relation: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_

Person(s) who are **NOT** authorized to sign child(ren) in/out of class.

(If a birth parent is listed here, legal documentation is necessary):

1. \_\_\_\_\_ Relation: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_