

**Registration Form**

<b>NAME OF CHILD</b>	<b>DATE OF BIRTH</b>	<b>GENDER</b>

**MOTHER'S FULL NAME:**

**FATHER'S FULL NAME:**

<b>Address:</b>	<b>Address:</b>
<b>Home phone</b>	<b>Home phone</b>
<b>Cell phone</b>	<b>Cell phone</b>
<b>Work phone</b>	<b>Work phone</b>
<b>With whom does child reside</b>	
<b>Email:</b>	<b>Email:</b>

**EMERGENCY CONTACT INFORMATION**

List 2 local contacts, other than parents, who have permission to pick up your child.

Name	Phone

**CURRENT HEALTH CONDITIONS**

Please indicate any current health conditions that may require attention during the school day.

**ALLERGIES:**

<b>Food:</b>	<b>Medicine:</b>
<b>Other/ Notes</b>	

**OTHER HEALTH CONDITIONS: (Circle all that apply)**

<b>Asthma or Respiratory issues * Seizures * Diabetes * Hearing or vision problems * Physical disability</b>
<b>Other/ Notes</b>

**HEALTH INSURANCE: (Name)** \_\_\_\_\_

<b>Name of Member:</b>	<b>Member ID:</b>	<b>Group#:</b>
<b>Child's Physician:</b>		<b>Phone:</b>

**Emergency Action Plan-** Plymouth Haven Baptist Church will notify guardian if the child becomes ill or injured. The guardian agrees to pick up the child as soon as possible. If the guardians cannot be reached, the staff will call other authorized persons listed. Plymouth Haven Baptist Church has permission, in a medical emergency, to take my child to the emergency room of the nearest hospital or call 911. The medical staff has my permission to provide treatment, which a physician deems necessary for the well being of my child.

Parent/ Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

PHBC may photograph or videotape my child during MMO for in-house use only. Parent /Guardian permission\_\_\_\_\_