

Tempe Vineyard Church Registration Form

Child's Name: _____ Age: _____

Birth Date: _____ Sex: _____

Allergies, Health Conditions, Medications: _____

It would be helpful if my teacher knew the following about me:

Child's Name: _____ Age: _____

Birth Date: _____ Sex: _____

Allergies, Health Conditions, Medications: _____

It would be helpful if my teacher knew the following about me:

Child's Name: _____ Age: _____

Birth Date: _____ Sex: _____

Allergies, Health Conditions, Medications: _____

It would be helpful if my teacher knew the following about me:

Parent/Guardian Information:

Name: _____ Name _____

Relationship to Child: _____ Relationship to Child: _____

Phone Number: _____ Phone Number: _____

Email _____ Email _____

Address: _____ Address: _____

Apt: _____ City: _____ Apt: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

I, _____, acknowledge that I have read the check-in and check-out procedures overview. I understand that this completed form will take the place of my signature each time my child attends Sunday Service at Tempe Vineyard Church. I promise to provide the staff with relevant medical and allergy information for each child with a complete registration form on file.

Parent Signature: _____ Date: _____