

2019 Greater Providence Baptist Church Registration and Student Information Form

Registration and Student Information

Student Name _____

School _____

Grade _____ Teacher _____

Address _____

Home Phone _____

Parent / Legal Guardian _____

Child lives with _____

(Name and Relationship)

Father's Employer _____ Phone _____

Email _____ Cell Phone _____

Mother's Employer _____ Phone _____

Email _____ Cell Phone _____

Emergency Name _____ Phone _____

Email _____ Cell Phone _____

Emergency Name _____ Phone _____

Email _____ Cell phone _____

If you cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the program authorities, do you authorize and direct program authorities to send the child (properly accompanied) to the hospital or doctor most easily accessible?

Yes _____ No _____

Signature _____ Date _____

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Dismissal Form:

Please list below the persons who are allowed to pick up your child including all family names. Anyone who is not listed will not be allowed to pick up your child without prior notification. Thanks for your help.

My Child _____ can be picked up by the following people:

	Name	Phone	Relationship to child(children)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Medical Information

Does your child have any medical condition or allergies of any kind which personnel need to be made aware of? Yes _____ No _____.

Please describe below any medical conditions.
