

# FIRST-TIME FAMILIES REGISTRATION

THE VILLAGE CHURCH

DATE \_\_\_\_\_ PARENT/GUARDIAN NAME(S) \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOM CELL \_\_\_\_\_ DAD CELL \_\_\_\_\_

PERMANENT RESIDENCE OF CHILD (IF DIFFERENT FROM ABOVE)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER  M  F

ALLERGIES/MED. COND. \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER  M  F

ALLERGIES/MED. COND. \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER  M  F

ALLERGIES/MED. COND. \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER  M  F

ALLERGIES/MED. COND. \_\_\_\_\_

IN CASE OF LOST SECURITY TAG, MY CHILD(REN) NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAY BE RELEASED TO THE PARENTS ABOVE OR THE FOLLOWING PEOPLE: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

*\*\*Information shared from this form is communicated to those caring for your child and only on a "need to know" basis. Please answer the questions below to the best of your ability so that we may minister well to your child during their time in Little Village or Kids Village.*

MY CHILD HAS THE FOLLOWING DIAGNOSIS, MEDICAL CONDITION OR LEARNING DIFFERENCE: \_\_\_\_\_

MY CHILD NEEDS ASSISTANCE WITH: \_\_\_\_\_

MY CHILD'S BEHAVIOR MAY INDICATE A MEDICAL NEED REQUIRING IMMEDIATE ATTENTION WHEN: \_\_\_\_\_

MY CHILD'S PRIMARY MODE OF COMMUNICATION IS: \_\_\_\_\_

IF MY CHILD EXPERIENCES FRUSTRATION, HE OR SHE WILL CALM DOWN WHEN: \_\_\_\_\_

MY CHILD IS MOST RELAXED IN THE FOLLOWING SETTINGS (PLEASE CIRCLE): ALONE WITH A FEW CHILDREN AMONG MANY CHILDREN

MY CHILD (CIRCLE ONE) WOULD/WOULD NOT ENJOY LARGE GROUP WORSHIP.

MY CHILD CAN NOT HAVE (CIRCLE ALL THAT APPLY) WHILE IN OUR CARE: GOLDFISH RICE/CORN CHEX CHEERIOS CANDY

OTHER INFORMATION: \_\_\_\_\_