



TEDDY BEARS
Nursery & Toddlers



KOALA BEARS
Age 4 & Kindergarten



PANDA BEARS
Grades 1 & 2



POLAR BEARS
Grades 3-5

<input type="checkbox"/> FIRST TIME VISITOR(S)	REGISTRATION	<i>Thank you for printing legibly.</i>
FAMILY INFORMATION		
PARENT/GUARDIAN NAME(S)		
ADDRESS		
PHONE	EMAIL	
NAMES OF PEOPLE WHO ARE PERMITTED TO DROP OFF OR PICK UP CHILD(REN)		

For more than three students, please use the back of this page.

STUDENT INFORMATION		
NAME	DATE OF BIRTH	CURRENT GRADE
ALLERGIES OR SPECIAL NEEDS		
NAME	DATE OF BIRTH	CURRENT GRADE
ALLERGIES OR SPECIAL NEEDS		
NAME	DATE OF BIRTH	CURRENT GRADE
ALLERGIES OR SPECIAL NEEDS		

Should there be any change to the details given on this form, I understand that it is my responsibility to inform the staff at the Kids of Hope security desk.

In the unlikely event of illness or accident, I give permission for my child to receive any necessary emergency first aid or medical treatment. If I cannot be reached in an emergency, I consent for my child to receive hospital treatment. I understand that every reasonable effort will be made to contact me as soon as possible.

PARENT/GUARDIAN SIGNATURE	DATE
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On occasion we may take photos, videos, or sound recordings of students to use for crafts, bulletin boards, the church directory, our website, or promotional materials. I give permission for Hope Baptist Church to use photos, videos, or recordings that include my child with the understanding that no personal information will be released.

PARENT/GUARDIAN SIGNATURE	DATE
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ADDITIONAL STUDENTS INFORMATION

NAME	DATE OF BIRTH	CURRENT GRADE
ALLERGIES OR SPECIAL NEEDS		

NAME	DATE OF BIRTH	CURRENT GRADE
ALLERGIES OR SPECIAL NEEDS		

NAME	DATE OF BIRTH	CURRENT GRADE
ALLERGIES OR SPECIAL NEEDS		

NAME	DATE OF BIRTH	CURRENT GRADE
ALLERGIES OR SPECIAL NEEDS		

NAME	DATE OF BIRTH	CURRENT GRADE
ALLERGIES OR SPECIAL NEEDS		