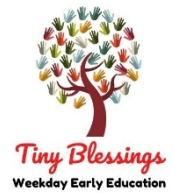


TINY BLESSINGS REGISTRATION FORM

2024-2025 SCHOOL YEAR



CHILD'S NAME _____ NAME CALLED _____

CURRENT AGE _____ SEX _____ BIRTHDATE _____ PHONE # _____

ADDRESS _____ CITY _____ ZIP _____

CHURCH HOME _____

MAY OUR CHURCH CONTACT YOUR FAMILY _____

FATHER'S NAME _____ OCCUPATION _____

DAD WORK # _____ DAD CELL # _____

MOTHER'S NAME _____ OCCUPATION _____

MOM WORK # _____ MOM CELL # _____

SIBLINGS AND THEIR AGES _____

CHILD LIVES WITH: _____ BOTH PARENTS _____ MOM _____ DAD _____ OTHER _____

SPECIAL NEEDS (ALLERGIES, DEVELOPMENTAL, HEALTH AND EMOTIONAL)

CHILD'S PHYSICIAN TO BE CONTACTED IN CASE OF EMERGENCY
NAME _____ PHONE NUMBER _____
INSURANCE CARRIER _____
POLICY NUMBER _____
HOSPITAL PREFERENCE _____
MOM'S EMAIL ADDRESS _____

IS YOUR CHILD POTTYTRAINED _____ YES _____ NO
DO WE HAVE PERMISSION TO PHOTOGRAPH YOUR CHILD FOR PUBLICATION PURPOSES
_____ YES _____ NO

OTHER IMPORTANT INFORMATION _____

PARENT'S SIGNATURE _____