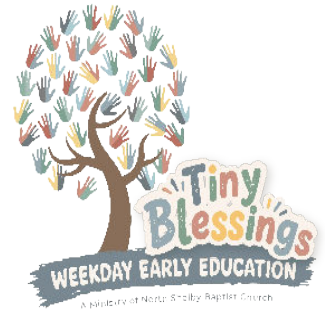


Tiny Blessing Registration Form

2026-2027 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 _____

DAD EMAIL _____

MOTHER'S NAME _____ OCCUPATION _____

MOM WORK # _____ MOM CELL _____

MOM EMAIL _____

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 _____

INSURANCE CARRIER _____

POLICY NUMBER _____

HOSPITAL PREFERENCE _____

IS YOUR CHILD POTTYTRAINED YES NO

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

OTHER INFORMATION YOU SHOULD KNOW ABOUT ME _____

PARENT'S SIGNATURE _____ DATE _____