

# Hillendale Children & Student Ministry Registration Form

Date: \_\_\_\_\_

(Circle One)

**New Family:** Complete all Sections 1, 2, 3, 4  
**Data Change:** Complete Sections 1, 2, 4  
**Visitors:** Complete Sections 1, 2, 4

Please **P R I N T** in all sections!

1 Home Address			
Address	City	State	Zip

2 Parent / Guardian Information					
Last Name	First Name	Relationship to Child(ren)	Home Phone	Cell Phone	Email Address

3 If parent/guardian cannot be reached, please contact the following person(s). Only those listed are authorized to pick up child(ren)			
	Relationship to Child(ren)	Home Phone	Cell Phone

4 Child 1 Child(ren) Information (please complete all information)		
Last Name:	First Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday (mm/dd/yy):	Allergies / Medical / Special Concerns:	
Age / Grade:		

Flip over →

4	Child 2	Child(ren) Information <i>(please complete all information)</i>	
	Last Name:	First Name:	Gender Male <input type="checkbox"/>
	Birthday (mm/dd/yy):  Age / Grade:	Allergies / Medical / Special Concerns:	Female <input type="checkbox"/>
4	Child 3	Child(ren) Information <i>(please complete all information)</i>	
	Last Name:	First Name:	Gender Male <input type="checkbox"/>
	Birthday (mm/dd/yy):  Age / Grade:	Allergies / Medical / Special Concerns:	Female <input type="checkbox"/>
4	Child 4	Child(ren) Information <i>(please complete all information)</i>	
	Last Name:	First Name:	Gender Male <input type="checkbox"/>
	Birthday (mm/dd/yy):  Age / Grade:	Allergies / Medical / Special Concerns:	Female <input type="checkbox"/>