CHAMPION BAPTIST FOREST CHURCH

CHILDCARE
REGISTRATION FORM: SCHOOL YEAR 2008-2009

Children's Names	Birthdates	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Name:_____ Mother's DL #_____

Father's Name:_____ Father's DL #_____

Address:_____

(Street) (City) (Zip)

Subdivision:_____

Home Number:_____ Cell Phone Number:_____

Other Number:_____ Other Number:_____

Email Address:_____ Sunday School Class:_____

The following people have permission to pick up my children (illness, emergency, etc):

Name	Relationship	Driver's License #	Phone

**At least 1 person is required in addition to the parents.*
**Anyone picking up your children must be 18 years old or older.*

I UNDERSTAND THE PERSON TO PICK UP MY CHILD WILL BE REQUIRED TO SHOW A VALID DRIVER'S LICENSE. I WILL NOTIFY THE COORDINATOR ON DUTY *EACH* TIME ANOTHER PERSON WILL BE PICKING UP MY CHILD.

Parent's Signature:_____ Date of Signature:_____