_____
Custodial Family Last Name

CCO CHILDREN'S REGISTRATION CARD

Please PRINT and complete this card in its entirety.
You may use the back for additional information.

Dad's Name (Last)_____(First)_____ DOB_____ Attended today □ Y □ N
(Custodial parent □ Y □ N)

Mom's Name (Last)_____(First)_____ DOB_____ Attended today □ Y □ N
(Custodial parent □ Y □ N)

Step – Parent (Last) _____(First)_____ DOB_____ Attended today □ Y □ N

OR Guardian's Name (Last)_____(First)_____ DOB_____ Attended today □ Y □ N

Custodial parent/guardian information:

Home Phone#_____Cell #_____2nd Cell #_____

Address_____City_____State_____Zip_____

By signing this form, you are authorizing publication of name and picture of your child.

Email_____ Parent Signature _____

CHILD'S NAME & NICKNAME (please give last name if different than above)	BIRTH DATE (MM/DD/YY)	SEX (M/F)	AGE	GRADE	ALLERGIES/SPECIAL NEEDS
1..(LAST)_____(FIRST)_____	_____	_____	_____	_____	_____
2 (LAST)_____(FIRST)_____	_____	_____	_____	_____	_____
3 (LAST)_____(FIRST)_____	_____	_____	_____	_____	_____
4 (LAST)_____(FIRST)_____	_____	_____	_____	_____	_____

CHILD(REN) LIVE WITH: □ FATHER □ MOTHER □ BOTH □ OTHER

Attended with: □ Parent/Guardian □ Grandparent □ Other family □ Friend

OTHER ADULTS AUTHORIZED TO PICK UP YOUR CHILD

	RELATIONSHIP	PHONE #
1._____	_____	_____
2._____	_____	_____

Revised 7/18/07

Today's Date _____ Service Time/Attended_____