

Lakeside Child Registration Form

Event or Program:

LakesideKids Sundays / Nursery Other: _____

Parent's Information:

Father's Name: _____

Mother's Name: _____

Address: _____

Father's Cell: _____ Home Phone: _____ Work Phone: _____

Mother's Cell: _____ Home Phone: _____ Work Phone: _____

Fathers E-mail: _____

Mothers E-mail: _____

Emergency Contact (not parents):

Name: _____

Relationship to child: _____

Phone Number: _____

Address: _____

Child's Information:

Name: _____ Gender: _____

Does this child have food allergies? Yes No

Grade Your Child is going into:

- Preschool (3 to 4 years old)
- Kindergarten
- 1st
- 2nd
- 3rd
- 4th
- 5th