REGISTRATION

In order to ensure the safety of the children attending Recess, we ask that you provide contact information in case of an emergency as well as any allergies we may need to be aware of. This registration form can be brought to the first day of Recess.

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	Name of Parent/Guardian	(First & Last)	
	Maile of Farent dual diali	(Tilst & Last)	• `
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	Contact Phone #		
	Contract I none #	•	•
	Secondary Phone # (In Cas	e of Emergency)	
	Coolidary Frione # (iii bas	e of Linergency)	
	Email Address		
	Elliali Audi 633		
Name of Child #1 (First & La	st) Age	Name of Child #2 (First & Last) Age	
Name of Office #1 (1113) & La	st/ ngc	Name of Office #2 (1113t & Last)	
Special Needs/Allergies		Special Needs/Allergies	
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•	Name of Child #3 (First &	Cast) Age	
• • /	Name of office #0 (1113t &	Last) Age	
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• • / •	Special Needs/Allergies		
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• • •	Note: You and your children	may be photographed or videotaped	
• • \	during normal activities	for l <mark>ater use by Oak Hills Church</mark> .	
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