

CHILD# 2:

Child's name _____

- | | <i>Last</i> | <i>First</i> | |
|--------------------------|--|---|----------|
| <input type="checkbox"/> | Ages 3 & 4..... | Preschool Godly Play..... | (rm 101) |
| <input type="checkbox"/> | Kindergarten-1 st | K-1 st Godly Play..... | (rm 103) |
| <input type="checkbox"/> | Grades 2 nd – 3 rd | 2 nd -3 rd Godly Play | (rm 107) |
| <input type="checkbox"/> | Grades 4-5 | *SOWhAT | (rm 204) |

Date of birth _____ Grade (September 2011-12)_____

Has child been baptized? _____

Does your child have **allergies** or **special needs**? If so, please list them in this box and be sure to let your child's teachers know about any critical allergies, especially to food, or other special needs.

CHILD# 3:

Child's name _____

- | | <i>Last</i> | <i>First</i> | |
|--------------------------|--|---|----------|
| <input type="checkbox"/> | Ages 3 & 4..... | Preschool Godly Play..... | (rm 101) |
| <input type="checkbox"/> | Kindergarten-1 st | K-1 st Godly Play..... | (rm 103) |
| <input type="checkbox"/> | Grades 2 nd – 3 rd | 2 nd -3 rd Godly Play | (rm 107) |
| <input type="checkbox"/> | Grades 4-5 | *SOWhAT | (rm 204) |

Date of birth _____ Grade (September 2011-11)_____

Has child been baptized? _____

Does your child have **allergies** or **special needs**? If so, please list them in this box and be sure to let your child's teachers know about any critical allergies, especially to food, or other special needs.