

# The Church of the Pilgrimage Registration Form

Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street

City State Zip Code

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address/Phone # if different: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Any known allergies or medical condition? \_\_\_\_\_

Any restrictions (dietary, physical, etc): \_\_\_\_\_

### Three adults authorized to pick-up child and their relation to the child.

1. \_\_\_\_\_  
Name Relation
2. \_\_\_\_\_  
Name Relation
3. \_\_\_\_\_  
Name Relation

**Notification:** In case of an emergency, the welfare/health of your child is our foremost concern. Therefore the child will be transferred to the hospital and then the parent will be notified.

I authorize the Church of the Pilgrimage to take a photograph of my child to keep with registration information and display in the classroom. \_\_\_\_\_  
Initials

I have read the Church of the Pilgrimage's Church school policy and I agree to abide by it. (Pre-K thru 3<sup>rd</sup>)  
\_\_\_\_\_  
Initials

**Please feel free to provide any further information about your child:**

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Signature