

PARENT/GUARDIAN Name: _____ Relationship to Child(ren): _____

Address: _____
Street City State Zip

Home Phone: _____ Primary Phone: _____ Email: _____

IF MARRIED, Name of Spouse: _____ Relationship to Child(ren): _____

Email: _____ Primary Phone: _____

Please check the time your child(ren) will attend:

8:00am service 9:30am service 11:00am service

Last Name	First Name	Special Needs?	Birth Date	Gender	Grade <small>(Younger than K assigned by desk)</small>	School Attending <small>(Please fill out)</small>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	M F		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	M F		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	M F		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	M F		

ATTENTION PARENTS

It is a parent/guardian's responsibility to mark their child's nametag with the proper **allergy/health concern** stickers each time their child is in Discovery Land. *Please ask for more details at the Discovery Land desk.*

Photos are taken during Discovery Land and may be used in AAC publications and websites. If you do not want your child in any form of publication please place a "No Photo" sticker on your child's nametag. Stickers are located at the Discovery Land desks.