

# Child Registration Form

## Supervised Virtual Study Center

Sponsored by Sweet Home Church of the Nazarene



Child's Name (Please Print) \_\_\_\_\_  
Last First MI

Child's Home Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Home address (if different) \_\_\_\_\_

Parent's Contact Info \_\_\_\_\_  
Cell Phone email

Emergency Contact Name and Number \_\_\_\_\_

Food / Medication Allergies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Grade \_\_\_\_\_ School \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Virtual Class Information \_\_\_\_\_

Is there an IEP or 504 Plan in place? (circle) YES or NO

If YES, would you share it with us? (circle) YES or NO

Any additional needs or information so that the child may be successful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_