

CELEBRATE KIDS

Registration Packet

“My grace is sufficient for you, for my power is made perfect in weakness.” Therefore I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me.”- 2 Corinthians 12:9



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Getting To Know Your Child

ABOUT OUR CHILD:

Name: _____

First

Middle

Last

Nickname: _____ Age: _____ Birth date: _____

Child's Brother's or Sister's Names (living with child): _____

_____ Ages: _____

Brothers or Sisters not living with child: _____

_____ Ages: _____

Does your child have any special fears? _____

Does your child have any special needs? _____

Has your child ever had any diagnostic testing for a behavior or learning difficulty or developmental delay? _____

Child's favorite foods are: _____

Foods your child dislikes: _____

Does your child have any allergies? _____ Please list: _____

Favorite TV shows: _____

Child's favorite activities: _____

Describe your child's interactions with other children in a play setting: _____

Please list past child-care arrangements and your child's reaction and adjustment to the setting:

How does your child customarily react when separating from you? _____

ABOUT OUR FAMILY:

	Mom	Dad	Stepparent/Other
Name:	_____	_____	_____
Occupation:	_____	_____	_____

When our child does not do what we want him/her to do, we usually: _____

When our child does not get his/her way, he/she will (circle all that apply):

Cry	Pout	Withdraw	Throw a tantrum
Hit something/someone	Talk about it	Other: _____	

Please list traditions important to your family: _____

Please circle responses:

Yes/no	There has been a divorce in our family. My child has contact with the non-custodial parent _____ times per month.
Yes/no	There are restrictions with the non-custodial parent of which the school should be aware of. Please explain: _____ _____
Yes/no	We have moved since our child was born. List places: _____ _____
Yes /no	Our family includes a pet. Type & name of pet: _____
Yes/no	We are members of a church or attend church regularly. If yes, what church do you attend? _____

Parent/Guardian Signature: _____ Date: _____

Child Enrollment Information

First Name: _____ M.I. ____ Last Name: _____

Name Child prefers to be called: _____

DOB:(mm/dd/yy) _____ Gender: M F Ethnicity _____

Child's Address: _____

Please list any medical conditions or special attention your child may require:

Allergies: _____

Pediatrician's Name: _____

Phone Number: _____ Address: _____

Comments: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Information

Parent/Guardian 1

First Name: _____ M.I. _____ Last Name: _____

Relationship to Child: _____ Marital Status: _____

DOB (mm/dd/yy): _____ Cell Phone: _____

Home Address: _____

Occupation/Employer: _____ Work Phone: _____

Work Address: _____

Email Address: _____

Authorized to pick up the following children: _____

Signature of Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2

First Name: _____ M.I. _____ Last Name: _____

Relationship to Child: _____ Marital Status: _____

DOB (mm/dd/yy): _____ Cell Phone: _____

Home Address: _____

Occupation/Employer: _____ Work Phone: _____

Work Address: _____

Email Address: _____

Authorized to pick up the following children: _____

Signature of Parent/Guardian 2: _____ Date: _____

Emergency Contacts and Authorized Pick-Up Persons

1st Contact/ Pick-Up

First Name: _____ M.I. _____ Last Name: _____

Relationship to Child: _____ DOB (mm/dd/yy): _____

Cell Phone: _____ Home Address: _____

Occupation/Employer: _____ Work Phone: _____

Work Address: _____

Email Address: _____

Authorized to pick up the following children: _____

2nd Contact/ Pick-Up

First Name: _____ M.I. _____ Last Name: _____

Relationship to Child: _____ DOB (mm/dd/yy): _____

Cell Phone: _____ Home Address: _____

Occupation/Employer: _____ Work Phone: _____

Work Address: _____

Email Address: _____

Authorized to pick up the following children: _____

I, _____
(Printed Name) authorize the individuals listed above as emergency

contacts or Pick-ups of the following children, _____
(Print Children's names)

Signature of Parent/Guardian: _____ Date: _____

Food Allergy Emergency Plan

Child's First Name: _____ Last: _____ DOB: _____

List each food the child is allergic to, possible symptoms if exposed to it, and steps to take if the child has an allergic reaction to the food.

Food Allergy	Possible Symptoms