

**ROCKCLIFFE GOSPEL TEMPLE**  
**CHILDREN'S REGISTRATION FORM**

**CHILD'S INFORMATION**

CHILD'S LAST NAME: \_\_\_\_\_

CHILD'S FIRST AND MIDDLE NAME: \_\_\_\_\_

CHILD'S BIRTH DATE: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION**

ONTARIO HEALTH CARD NUMBER: \_\_\_\_\_

FAMILY DOCTOR'S NAME: \_\_\_\_\_

FAMILY DOCTOR'S PHONE NUMBER: \_\_\_\_\_

FAMILY DENTIST'S NAME: \_\_\_\_\_

FAMILY DENTIST'S PHONE NUMBER: \_\_\_\_\_

MEDICAL CONCERNS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**1<sup>ST</sup> CONTACT**

NAME: \_\_\_\_\_

RELATONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER/PAGER: \_\_\_\_\_

**2<sup>nd</sup> CONTACT**

NAME: \_\_\_\_\_

RELATONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER/PAGER: \_\_\_\_\_

**FAMILY INFORMATION**

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

OTHER GUARDIAN'S NAMES: \_\_\_\_\_

SIBLINGS NAMES: \_\_\_\_\_