



337 W. Pomona Blvd, Monterey Park, CA 91754 | 323-888-6087 | gracecommunitympk.org

Student Registration Form

Name(s): _____

Address: _____

Street and Number, Apt #

City

State

Zip

Phone Number: _____ Email: _____

Birthday(s): _____ Age(s): _____ Grade(s): _____

Parent/Legal Guardian Contact Information:

Name

Home Phone

Cell Phone

Name

Home Phone

Cell Phone

Emergency Contacts (other than parents/legal guardians) Names of persons who may pick up:

Name

Phone

Relationship

Name

Phone

Relationship

Allergies/Medical conditions or other concerns: _____

Does your child have an Epi-pen? _____ YES _____ NO

Is there anything you would like us to know about your child? _____

Your child is expected to cooperate with church staff, teachers, volunteers, and other attendees during class time

If I am not available, and a medical emergency arises, the supervising teacher has my permission to seek medical help at:

Name of Hospital and Medical # (If applicable)

I give permission to take my child's picture for classroom projects and/or church website: _____ Yes _____ No



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Parent's Signature: _____ Date: _____