



Visioning Day 2017

Child Pre-Registration Form

Please complete 1 form for each child in your family.

Parent(s)/Guardian(s) Full Name(s):

Parent/Guardian Contact Number: _____

Program Affiliation (if applicable): _____

Child's Full Name: _____

Child's Age: _____

Child's Gender: _____

Primary language of parent/guardian: _____

Primary language of child: _____

Does your child have ANY allergies? (please list):

Does your child have a disability or any medical issues? (please list and describe):

There will be a photographer documenting this event. Is it okay to take photographs of your child? Yes_____ No_____

Is there anything else about your family or child that you would like us to be aware of? (likes/dislikes, behavioral issues, safety and security concerns, etc.):

