

**Hamilton Living Water Ministry, Inc.**  
**Fall Registration Form/ Forma de Registraci3n**  
**Beginning September 13, 2021**

**Child Information/Informaci3n del Ni1o**

Name/Nombre \_\_\_\_\_

Address/Direcci3n \_\_\_\_\_

Date of Birth/Fecha de Nacimiento \_\_\_ Age/Ead \_\_\_ Gener/Sexo \_\_\_ rade entering/Grado entrando \_\_\_

School Your Child Attends/Escuela de Nino \_\_\_\_\_

Is your child on an IEP or receiving additional help at school? If yes, please provide us with any information that will help us work with your child. ¿Su hijo est1a en el programa IEP o recibe otra forma da ayunda en la escuela? Si es si,favor do explicar para que nosotros podamos ayudar a su hijo.

Medical Information/Special Medication/Allergies/Food Allergies/Informaci3n Medica/Medicaci3n Especial/Alergias/Alergias de los Alimentos:

Does your child have any special medical concerns: Yes \_\_\_ No \_\_\_

If yes, please tell us how you would like them to be handled \_\_\_\_\_

Su hijo tiene problemas m3dicos especiales: Si \_\_\_ No \_\_\_

En caso sea positive, por favor diaganos c3mo le gustaria que se manje el problema:

**Parent/Legal Guardian/Informaci3n del Padre/Guardi1n Legal**

Name/Nombre: \_\_\_\_\_

Phone Number/N1mero de Tel3fono (Casa): \_\_\_\_\_ Work/N1mero de Tel3fono (Trabajo): \_\_\_\_\_

**Emergency Information/Informaci3n de Emergencia**

In case of emergency we should contact/En caso de emergencia, contactamos a: \_\_\_\_\_

Phone/N1mero de Tel3fono \_\_\_\_\_ Address/Dirrecci3n \_\_\_\_\_

My child will walk with \_\_\_\_\_ Mi hijo va a caminar con (nombre): \_\_\_\_\_

\_\_\_ Walk to/Camine hasta \_\_\_ Walk from/Camina deste

My child will be dropped off and/or picked up by:/ Mihijo va ser dejado y/orecogidos por (nombre): \_\_\_\_\_

\_\_\_ Dropped off/Sera dejado/a \_\_\_ Picked up/Recogi3

I give \_\_\_\_\_(child's name) permission to participate with Hamilton Living Water Ministry (HLWM) in ALL/ANY Children's Center program, all extracurricular activities. I understand that I hold Hamilton Living Water Ministry, its officers, agents, employees and volunteers harmless for any and all liability of claims, which may arise out of or in connection with my child's participation in any activities. I will permit HLWM to have access to my child's school records.

Yo doy a \_\_\_\_\_(nombre del ni1o) permiso de participar con Hamilton Living Water Ministry (HLWM) en TODOS los programas del Centro de Ni1os, todas actividades y excursions. Yo entiendo que Hamilton Living Water Ministry, sus officians empleados, agencias y voluntaries est1n libres de reclamo de responsabilidad, que podr1 scr resultado en la participaci3n del ni1o en las actividades. Yo doy permiso qu HLWM tenga acceso a los records de escuela de mi hijo.

Parent/Guardian Signature/Firma



Date Feca