



Child Registration by Family

DR# _____ DR Name _____ Center Location _____
 (Give Parent/Guardian – Children’s Disaster Services Security Procedures Form)

Child’s Name	Age	Gender	Child’s Name	Age	Gender

Special needs: Use back of form for additional comments.

/ / **Medical/Medicine** _____

/ / **Physical** _____

/ / **Allergies/food sensitivities** _____

Special requests or comments from parents/care provider _____

Guardian’s Name(s) _____

Cell phone and/or location _____

Please have the parent/guardian sign the children in and out. This form can be used for multiple days.

Date	Name	Parent/Guardian-Sign In Firma del Padre - Entrada	Time In Hora de Entrada	Parent/Guardian-Sign Out Firma del Padre - Salida	Time Out Hora de Salida

* At times pictures are taken by **Children’s Disaster Services** volunteers/staff to be used for promotion of the program and educating about children’s unique needs. Pictures are helpful in recruiting volunteers and advocating for the needs of children in disaster response. Children’s names are not used and identity kept confidential.

As the legal parent or guardian of the above named children,
I give permission _____, do not give permission _____, for photographs to be taken.
 (Parent/Guardian initials) (Parent/Guardian initials)