

Registration Form for Bahá'í Children's Classes

Dear Parent or Guardian,

This registration form confirms your consent to have your child attend the weekly **Children's Class Program**. Please do not hesitate to contact us with any questions.

Name of Child: _____

Birth Date of Child: _____

Name of Parent(s)/Guardian: _____

Street Address: _____

Home Phone: _____ Mobile Phone: _____

Allergies/Medical Conditions: _____

Other Comments: _____

Signature of Parent: _____

Date: _____