

**The FLOCK Registration Form**  
(Please return to the FLOCK Information Station)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age and/or Grade entering by September 1, 2006: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list those who have permission to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

(Only those listed will be allowed to pick up your child.)

Health Needs or Concerns (Food/Medication Allergies, etc.): \_\_\_\_\_

Other Special Needs/Concerns (Learning Disabilities/Challenges): \_\_\_\_\_

I give permission for \_\_\_\_\_'s photo to be published on West-Ark Church of Christ's website and/or [www.rotation.org](http://www.rotation.org) (a website used to share ideas for the WoRM teaching method.)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_