



Child Registration Form

Child's Name _____

Date of Birth _____ **DCN** _____

Social Worker _____ **County** _____

Emergency Contact _____ **Phone** _____

Health concerns _____

T-Shirt size _____ (Indicate youth or adult)

Adult Supervising _____ **T-shirt Size** _____

Please attach a signed DFS-AEM-1b (Consent for recruitment efforts)

Return completed registration forms *by September 2nd* to:

**Phelps County Children's Division
1111 Kingshighway, Suite A
Rolla, Missouri 65401**

A door prize will be available for every foster/adoptive child. Please list 3 possible ideas your child would appreciate (\$10.00 or less)

