

Kids Registration Form



Child's Name _____

Parent/Guardian Name _____

Address _____

**Mailing Address
(if different)** _____

Phone Numbers: _____

Home _____

Work _____

Cell _____

Email _____

Age Information: _____

Birth Date: _____

**Last grade completed in
school** _____

Medical Information: _____

Medical or other information we need to know (Please include any food allergies.)

Emergency Contacts (other than listed above)

Name _____

Phone number _____

Name _____

Phone number _____

Dismissal Information: Who may pick up your child?

Other Information:

Does your child attend Sunday School? If so, where?

If your child is visiting our church, who is he a guest of?

May we have permission to photograph your child?

Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No
