



Kids of the Kingdom Registration Form

Name of child _____ Grade in School _____
Address _____ Age _____
City _____ State _____ Zip _____
Date of birth _____ Tee Shirt Size _____
Home Church _____
Known allergies (especially food) _____
Special needs _____
What else do we need to know about your child?

Emergency Contact Person:

Parent/Guardian name _____
Address (if different from child) _____
City _____ State _____ Zip _____
Phone number (Home) _____
Cell phone number _____
Phone number (Work) _____ E-mail _____

I am available to help in the following ways:

- Send snacks
- Help occasionally with projects
- Assist a teacher on a regular basis

I give permission for my child to be photographed for use in this program and in church publications or Sunday service.

I understand my child will walk with an adult escort from the Elementary West building or walk on his/her own from the CIC.

Yes We will participate in the fellowship meal. How many? _____
Yes My child has permission to walk home at 5:25PM.
My child will be picked up by myself or:

(Names of persons that may pick up your child.)

Signature of parent or guardian

date