

Kid Connection Registration Form



Welcome to Kid Connection! We are so happy you're here.
Please fill out the following information in order for us to serve you.

Name of Child	Gender	Grade	Birthdate	School

Name of Parent(s) or Guardian: _____

Address of child(ren): _____ City/Zip _____

Father's preferred phone number: _____ Email Address: _____

Mother's preferred phone number: _____ Email Address: _____

Child lives with: Both Parents Mother Father Guardian

Is the child attending with someone other than parents/legal guardians? YES NO

If yes, please fill out the following information:

Name	Relationship to Child	Phone Number	Address	Room location

Allergies/Special Needs

To help us better serve you, please let us know if your child has any medical, behavioral, educational, social/emotional or allergic conditions.

Child's Name	Allergy/Need/Condition

I understand that photographs, sound recordings, and/or video recordings of my child(ren) may be taken during morning services or Kid Connection events and that this material may be published or displayed in non-profit publications (including website, videos, brochures, etc.) without limitation, reservation or compensation.

Parent/Guardian Signature _____

Date _____