

# 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