

# Kid Zone Child Registration

Parents' Full Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Would you like to include your name in the church phone directory? Yes \_\_\_ No \_\_\_

May we text you in the event of an emergency? Yes \_\_\_ No \_\_\_

I give permission for my child(ren) to be photographed or videotaped for promotional and/or website use. Yes \_\_\_ No \_\_\_

1 Child's Name (Include Last Name)	2 M/F	3 Medical Conditions/Allergies	4 Birthday M/D/Y	5 Current Age	6 Grade 17/18	7 School/District	Office Use Only Group Assignment

Emergency Contact (we call parent first): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Additional comments which will help us care for your child:

OFFICE/REGISTRATION USE ONLY		Picture # _____	Today's Date: _____
<input type="checkbox"/> Postcard sent		Picture sent to: _____	Registration Date: _____
<input type="checkbox"/> Permanent name tags made		Date taken: _____	
Family Number _____		Taken by: _____	