

Kid Zone Child Registration

Mr. Mrs. Miss Ms.

Date: _____

Parents' Full Names: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Email: _____ Dad's Email: _____

I give permission for my child(ren) to be photographed or videotaped for promotional and/or website use. Yes ___ No ___ Yes, but no Internet ___

1 Child's Name (Include Last Name)	2 M/F	3 Medical Conditions/Allergies	4 Birthday M/D/Y	5 Current Age	6 Current Grade	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: _____

How did you find Village Church of Gurnee?

Friend Website Facebook Drive by building Other _____

We are glad you are here today. Please make sure to stop by the Welcome Center to receive your free gift.

OFFICE USE ONLY:

Date of 1st Visit: _____

Date of 2nd Visit: _____

Date of 3rd Visit: _____

Date profiles were created in Realm: _____
(This should occur within the first week)

Date child(ren) were added to Sunday groups in Realm: _____
(This should occur after 3 visits within a 6 month period of time.)

This form should be scanned and retained indefinitely. The physical copy can be discarded