PLEASE PRINT CLEARLY

Kids Club Registration Form

Child Name:_____ Birth Date: ____/____/_____Age:_____

Mailing Address: _____

Mothers Name:_____ Mother's Cell #: _____

Fathers Name: _____ Fathers Cell #: _____

Parents E-mail: _____
(All communication will be sent through e-mail)

Home Church: _____

ALLERGIES:_____

Does your child have any special needs that we should be aware of? _____

Signature of Parent/Guardian:_____

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