

Kid's Club 2017

Registration Form

Child's Name (1) _____ Age _____ Grade _____

D.O.B ___ / ___ / ___ Allergies _____

Child's Name (2) _____ Age _____ Grade _____

D.O.B ___ / ___ / ___ Allergies _____

Child's Name (3) _____ Age _____ Grade _____

D.O.B ___ / ___ / ___ Allergies _____

Child's Name (4) _____ Age _____ Grade _____

D.O.B ___ / ___ / ___ Allergies _____

Parent/Guardians _____

Home Address _____

Phone 1 _____ - _____ - _____ Phone 2 _____ - _____ - _____

Email _____

Emergency Contact _____ Relation _____

Emergency Phone _____ - _____ - _____

My child(ren) has/have an accurate and current Consent and Liability Waiver & Ministry Medical Release Form on file with Stone Creek Christian Church. Initial _____

Our Children's Ministry enjoys taking photos and videos and sharing them with the church families on social media. Please initial here if you DO NOT want your children to be photographed. _____