



# Registration

Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Child's Address (if different): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

(Please put information for additional children on the back of the registration form.)

Please list any known **ALLERGIES** to Food/Medications or any other helpful information about your child(ren) so that we may best serve them. This might include any medical needs, special learning situations, or extraordinary talents. This information will be shared with your child's teachers. Please include the child's name with the information. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I am currently helping in the Mission Kidz! Ministry.
- I am willing to begin helping in the Mission Kidz! Ministry.
- I am an out-of-town guest/new visitor.

### **AUTHORIZATION:**

I hereby give the above named child permission to participate in all activities with Mission Kidz. In the event of an emergency, I know that every effort will be made to contact me immediately. I authorize Mission Covenant Church/Mission Kidz to administer any first aid and/or medical treatment necessary and release them from any and all responsibility in connection therewith. I understand my photo or my child's photo may be taken for use in Mission Kidz promotional literature, the Mission Covenant Church website, or the Mission Kidz bulletin board. I waive the right to inspect or pre-approve the photo if used for such purposes. I will support or assist in any way that I am able.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_