

kids worship!

Registration Form

Child's Full Name: _____ Male Female Age: _____ Birth Date: ____/____/____
Nick Name: _____ Grade: _____ School: _____
Address: _____ City: _____ Zip: _____
Home Phone #: _____ Cell #: (mom) _____ (dad) _____
Parents' Names: _____ Church member: Y/N Where: _____
E-mail for updates/information: _____
Brought to KidzWorship! by: _____ Contact #: _____

Health, & Medical information:

ADD/ADHD yes or no Diabetes yes or no Seizure Disorder yes or no
Autism yes or no Heart condition yes or no Food Allergies yes or no

Explain food allergies, parental situations, medications, etc that would help us help your child: _____

*I understand that allergies and medical condition will, in brief, need to be printed on my child's nametag (ADD/ADHD will not). This is what I want printed: _____

I can help... (A Background check is required)

Computer check-in substitute: _____

Class room: Substitute _____ Early Arriver (6:45-7:00) _____

Presentations: Sew _____ Sell t-shirts & cd's _____ Sets/Props _____

Teacher Appreciation: Plan/Decorate for dinner _____ Get donations/gifts _____

PERMISSION TO PHOTO/VIDEO NOTICE

By signing below I understand and agree that as a participant my child may be photographed or videotaped connected with KidzWorship! activities and these photos/videos may be used for broadcast, website, promotional material, or may be distributed in videotapes or videodiscs.

Parent/Guardian Signature

Print Name

Date

Relationship to Child