

Kids For Christ Family Registration Form

Date: _____

(Circle One)

Please **PRINT** in all sections!

New Family: Complete ALL Sections
Data Change: Complete Sections 1, 2, 4
Visitors: Complete Sections 1, 2, 4

1 Home Address			
Address	City	State	Zip

2 Parent / Guardian Information					
Last Name	First Name	Relationship to Child(ren)	Home Phone	Cell Phone	Email Address

3 If parent/guardian cannot be reached, please contact the following person(s). Only those listed are authorized to pick up child(ren)			
Name	Relationship to Child(ren)	Home Phone	Cell Phone

4 Child1 Child(ren) Information <small>(please complete all information)</small>					
<p style="text-align: center;"><small>(Circle One)</small></p> <p>Ethnicity:</p> <p>Caucasian/White</p> <p>African American/Black</p> <p>Asian</p> <p>Hispanic</p> <p>Other</p>	Last Name:	First Name:		Gender	
	Birthday (mm/dd/yy):	Has Child Been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/dd/yy):			Male <input type="checkbox"/>
	Allergies/Medical Problems:				Female <input type="checkbox"/>
	Please Select Grade/Age				
		Nursery	Preschool		Elementary
	<input type="checkbox"/> 06-12 months <input type="checkbox"/> 18-23 months <input type="checkbox"/> 13-17 months <input type="checkbox"/> Special Needs	<input type="checkbox"/> 2's <input type="checkbox"/> K4 <input type="checkbox"/> 3's <input type="checkbox"/> K5		<input type="checkbox"/> 1 st grade <input type="checkbox"/> 3 rd grade <input type="checkbox"/> 2 nd grade <input type="checkbox"/> 4 th grade <input type="checkbox"/> 5 th grade	

4 Child 2 Child(ren) Information (please complete all information)					
(Circle One) Ethnicity: Caucasian/White African American/Black Asian Hispanic Other	Last Name:	First Name:		Gender	
	Birthday (mm/dd/yy):	Has Child Been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/dd/yy):			Male <input type="checkbox"/>
	Allergies/Medical Problems:			Female <input type="checkbox"/>	
	Please Select Grade/Age				
Nursery		Preschool		Elementary	
<input type="checkbox"/> 06-12 months	<input type="checkbox"/> 18-23 months	<input type="checkbox"/> 2's	<input type="checkbox"/> K4	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 3 rd grade
<input type="checkbox"/> 13-17 months	<input type="checkbox"/> Special Needs	<input type="checkbox"/> 3's	<input type="checkbox"/> K5	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 4 th grade
				<input type="checkbox"/> 5 th grade	

4 Child 3 Child(ren) Information (please complete all information)					
(Circle One) Ethnicity: Caucasian/White African American/Black Asian Hispanic Other	Last Name:	First Name:		Gender	
	Birthday (mm/dd/yy):	Has Child Been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/dd/yy):			Male <input type="checkbox"/>
	Allergies/Medical Problems:			Female <input type="checkbox"/>	
	Please Select Grade/Age				
Nursery		Preschool		Elementary	
<input type="checkbox"/> 06-12 months	<input type="checkbox"/> 18-23 months	<input type="checkbox"/> 2's	<input type="checkbox"/> K4	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 3 rd grade
<input type="checkbox"/> 13-17 months	<input type="checkbox"/> Special Needs	<input type="checkbox"/> 3's	<input type="checkbox"/> K5	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 4 th grade
				<input type="checkbox"/> 5 th grade	

4 Child 4 Child(ren) Information (please complete all information)					
(Circle One) Ethnicity: Caucasian/White African American/Black Asian Hispanic Other	Last Name:	First Name:		Gender	
	Birthday (mm/dd/yy):	Has Child Been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/dd/yy):			Male <input type="checkbox"/>
	Allergies/Medical Problems:			Female <input type="checkbox"/>	
	Please Select Grade/Age				
Nursery		Preschool		Elementary	
<input type="checkbox"/> 06-12 months	<input type="checkbox"/> 18-23 months	<input type="checkbox"/> 2's	<input type="checkbox"/> K4	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 3 rd grade
<input type="checkbox"/> 13-17 months	<input type="checkbox"/> Special Needs	<input type="checkbox"/> 3's	<input type="checkbox"/> K5	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 4 th grade
				<input type="checkbox"/> 5 th grade	

