

Kids n' Christ Parent's Morning Out 2007-08 Registration Form

Please circle the appropriate class:

2 YR. OLD 2 YR OLD *3 YR. OLD *3 YR. OLD 4 YR. OLD 4 YR. OLD
3 DAY CLASS 4 DAY CLASS 3 DAY CLASS 4 DAY CLASS 4 DAY CLASS 4 DAY CLASS

Today's Date: _____ E-mail Address: _____

Child's Full Name: _____ Birthday: _____

Name To Be Used: _____ Age on 9-1-07: _____

Parent(s) Full Name: _____

Home Address: Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell/Pager: _____

Father's Employer: _____ Work Phone: _____

Father's Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Mother's Cell Phone: _____

Siblings: Name: _____ Age: _____

 Name: _____ Age: _____

Church You Belong To: _____

Please list any allergies and/or foods that your child is NOT permitted to have:

List all persons who may be picking child up. **(Child will not be permitted to leave with anyone not listed here.)** _____

*Children need to be potty trained upon entering the 3 year old class.
A \$75 non-refundable Registration Fee must accompany this form in order to
hold a space for your child. Please make checks payable to Kids n' Christ.

Emergency Contact Information

If case of an emergency (your child is sick, injured, school closing, etc.) we must have adequate information to contact someone to pick up your child. ***Please remember to notify us of any changes through out the year. If medical attention is needed and we cannot contact you, your child will not be able to receive the care he/she needs.***

Father's Home Number: _____

Father's Work Number: _____

Father's Cell Number: _____

Father's Pager Number: _____

Mother's Home Number: _____

Mother's Work Number: _____

Mother's Cell Number: _____

Mother's Pager Number: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

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