



Parent/Guardian 1

First Name: _____ Last Name: _____
Birth Date: _____ Relationship to Child: _____
E-mail: _____
Cell Phone: _____ Mobile Carrier: _____

Parent/Guardian 2

First Name: _____ Last Name: _____
Birth Date: _____ Relationship to Child: _____
E-mail: _____
Cell Phone: _____ Mobile Carrier: _____

Child's Home Address: _____
City: _____ State: _____ Zip: _____

Individual Child's Information

Kid1

First Name: _____ Last Name: _____ Birth Date: _____
Gender: _____ Grade: _____ School District: _____ Can this child be released to the Worship Center? Y / N
Allergies/Special Needs: _____

Kid2

First Name: _____ Last Name: _____ Birth Date: _____
Gender: _____ Grade: _____ School District: _____ Can this child be released to the Worship Center? Y / N
Allergies/Special Needs: _____

Kid3

First Name: _____ Last Name: _____ Birth Date: _____
Gender: _____ Grade: _____ School District: _____ Can this child be released to the Worship Center? Y / N
Allergies/Special Needs: _____



Parent/Guardian 1

First Name: _____ Last Name: _____
Birth Date: _____ Relationship to Child: _____
E-mail: _____
Cell Phone: _____ Mobile Carrier: _____

Parent/Guardian 2

First Name: _____ Last Name: _____
Birth Date: _____ Relationship to Child: _____
E-mail: _____
Cell Phone: _____ Mobile Carrier: _____

Child's Home Address: _____
City: _____ State: _____ Zip: _____

Individual Child's Information

Kid1

First Name: _____ Last Name: _____ Birth Date: _____
Gender: _____ Grade: _____ School District: _____ Can this child be released to the Worship Center? Y / N
Allergies/Special Needs: _____

Kid2

First Name: _____ Last Name: _____ Birth Date: _____
Gender: _____ Grade: _____ School District: _____ Can this child be released to the Worship Center? Y / N
Allergies/Special Needs: _____

Kid3

First Name: _____ Last Name: _____ Birth Date: _____
Gender: _____ Grade: _____ School District: _____ Can this child be released to the Worship Center? Y / N
Allergies/Special Needs: _____

