

Date _____

Kids Registration

Name of Child: _____

_____ / ____ / ____
Age Grade Date of Birth

Name of Parent(s) _____

Address: _____

Cell Phone: _____ Cell Phone Provider: _____

This information is used so we can text you during the service if needed.

Email: _____

Allergies: _____

If you have more than one child attending please list them below.

_____ / ____ / ____
Name Age Grade Date of Birth Allergies?

_____ / ____ / ____
Name Age Grade Date of Birth Allergies?

_____ / ____ / ____
Name Age Grade Date of Birth Allergies?

_____ / ____ / ____
Name Age Grade Date of Birth Allergies?

_____ / ____ / ____
Name Age Grade Date of Birth Allergies?

**LITTLE
EMBERS**
0 - 3 YRS

KINDLE
3 & 4 YRS

SPARK
K-3RD

IGNITE
4TH - 5TH

SHINE
6TH - 8TH

REFLECT
7TH - 12TH

For Staff Only

Sunday Morning

Wednesday Nights