

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