

KING'S KIDS REGISTRATION

Registration is for all elementary and potty-trained preschoolers



Kid's Names:

DOB:

Grade:

Allergies?

Parent/Guardian Names: _____

Email Addresses: _____

Phone Numbers: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health or Medical Information / Medications we need to know about: _____

Our program depends on volunteers. We will need you to volunteer once every 4-6 weeks.

What areas would you be *most comfortable* volunteering in? Please circle any that apply:

Teaching

Greeting

Clean up

Organizing Youth Helpers

Drama

Games

Assisting

Cooking

Preschool