



Kid's Zone Registration



We are most likely to attend the 9:00am Service 11:00am Service Either (check one)

Name of Parents/Guardians: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Child's Name: _____

Birthdate: _____ Age: _____ Grade: _____

Allergies: _____

Kid's Zone: 2-3yrs 4-5yrs Gr. 1-2 Gr. 3-4 Gr. 5-6

Child's Name: _____

Birthdate: _____ Age: _____ Grade: _____

Allergies: _____

Kid's Zone: 2-3yrs 4-5yrs Gr. 1-2 Gr. 3-4 Gr. 5-6

* If you need room for additional children, please use the back.

Welcome to you for joining our Kid Zone family. If you have children in Runabouts (age 2/3) please consider volunteering on a rotation basis. Indicate by checking the appropriate box. Yes No

You will be contacted by Emily Fehr, our Director of Children's Ministries.

Will your children participate in the Christmas Concert: Yes No

On occasion your child's teacher may want to take the children out to find things that God has created, or to go play at the school playground as a special treat. Please indicate if you give your permission. Yes No

As part of the Children's Ministry Program, we may take pictures of your child, may we show them:

Classroom Internet Displayed in Church

Emergency Contact (Not your Spouse): _____

Home Phone: _____ Cell Phone: _____

Please indicate if extra assistance is required with any of your children: _____

Signature of Parent/Guardian _____ Date _____

Child's Name: _____

Birthdate: _____ **Age:** _____ **Grade:** _____

Allergies: _____

Kid's Zone: 2-3yrs 4-5yrs Gr. 1-2 Gr. 3-4 Gr. 5-6

Child's Name: _____

Birthdate: _____ **Age:** _____ **Grade:** _____

Allergies: _____

Kid's Zone: 2-3yrs 4-5yrs Gr. 1-2 Gr. 3-4 Gr. 5-6

Child's Name: _____

Birthdate: _____ **Age:** _____ **Grade:** _____

Allergies: _____

Kid's Zone: 2-3yrs 4-5yrs Gr. 1-2 Gr. 3-4 Gr. 5-6

Child's Name: _____

Birthdate: _____ **Age:** _____ **Grade:** _____

Allergies: _____

Kid's Zone: 2-3yrs 4-5yrs Gr. 1-2 Gr. 3-4 Gr. 5-6

Child's Name: _____

Birthdate: _____ **Age:** _____ **Grade:** _____

Allergies: _____

Kid's Zone: 2-3yrs 4-5yrs Gr. 1-2 Gr. 3-4 Gr. 5-6

Please name 2 others that are allowed to pick up your child/children.

DO NOT SEND anyone under the age of 14 to pick up your children.