



New Life Kidz Registration

Child's Name _____

Grade Entering _____

Parent/ Guardian Name _____

Address _____

City, State, Zip _____

Primary Phone Number _____

Secondary Phone Number _____

Emergency Contact (1) Name _____

Emergency Contact (1) Phone _____

Emergency Contact (1) Relationship to Child _____

Emergency Contact (2) Name _____

Emergency Contact (2) Phone _____

Emergency Contact (2) Relationship to Child _____

Do you agree to allow photos of your child to be
used in church presentations and /or publications? Yes No

Dismissal Information: List name(s) and phone number of person(s) who may pick up my child from this program.

Special needs, allergies, other information: If your child has special needs, allergies or other information we should be aware of, please indicate in this space below.
