



Registration 2011-2012

Carpool # / Walker # \_\_\_\_\_

Who is authorized to pick up your child from KidzLife? \_\_\_\_\_

For the safety and protection of your child, a written note must be sent in order for us to release your child to someone other than the person(s) listed above.

Last Name of Child(ren) \_\_\_\_\_

First Names of Child(ren)

1. \_\_\_\_\_ M/F DOB - - Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ M/F DOB - - Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ M/F DOB - - Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_ M/F DOB - - Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell mom \_\_\_\_\_ /carrier \_\_\_\_\_

Cell dad \_\_\_\_\_ /carrier \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Special Needs \_\_\_\_\_

Emergency Contact & Phone# \_\_\_\_\_

In the event of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I authorize Grace Fellowship Church to obtain medical treatment for my child(ren).

Parent/Guardian Signature

Date

Grace Fellowship Church (GFC) may be recording audio and/or video, as well as still photography, anywhere on this premises or at any GFC sponsored activities today. I understand that by entering these premises or participating in GFC sponsored activities, I or my child(ren) may appear in such recordings and hereby grant GFC permission to use these recordings perpetually in any way, at any time and for any reason, without further permission needed, and without compensation from GFC. I agree that GFC owns the copyright to these recordings and that at its sole discretion GFC may edit and distribute these recordings through any channel, including, but not limited to, live internet streaming, delayed broadcast, digital downloads, tangible media, web display, printed material, etc...

\*\*\*\*\*

FOR OFFICE USE ONLY

	Fee		Total
Package A Kiddoz (shirt, Toddler Bible, cup)	\$25 per child	X _____ children	
Package B 1 <sup>st</sup> time Big Kidz (shirt, Big Picture Story Bible, flashcards, cup)	\$30 per child	X _____ children	
Package C BigKidz (flashcards, cup)	\$15 per child	X _____ children	
Package D 1 <sup>st</sup> time K-5 <sup>th</sup> (shirt, journal, cd, cup)	\$30 per child	X _____ children	
Package E K-5 <sup>th</sup> (journal, cd, cup)	\$20 per child	X _____ children	
Additional items: Bag \$5	X _____ bags = \$ _____		
Worker shirt \$10	X _____ t-shirts = \$ _____		
(must have completed background check on file before purchasing)			
<b>TOTAL DUE</b>			

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_  
 Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_  
 Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_