



Church Child Care Registration Form

Date _____

Childs Name _____ Nickname _____

Parent or guardian information

Parent or guardian names _____

Street Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

E-Mail Address _____

Information about your child

Date of Birth _____ Age of Child _____ M/F _____

Getting to know your child

My child is allergic to _____

Please list any medical conditions that we should know about _____

Favorite activities _____

Snack

Can. Or **Cannot** Have a snack

If restricted due to allergy, please advise what snack your child can have _____

List individuals that may pick up your child

Emergency contact information

For your child's safety ,a parent/guardian is requested to be on church property when their child is being cared for in the church facility, unless special arrangements have been made.

Media and Photo Release Form

I hereby give permission for KBC to use my child's photograph (without their name) in KBC publications, on the website and in news releases in regard to any KBC sponsored activity.

Parent/guardian signature _____ Date _____