

Step 1 Parent / Guardian 1

Full Name: _____
Cell Phone: _____
Email: _____
Relationship to Child: _____

Does this parent live at the address below? Y/N
List the names of others authorized to pick up your child:

Parent / Guardian 2

Full Name: _____
Cell Phone: _____
Email: _____
Relationship to Child: _____

Does this parent live at the address below? Y/N
List the names of others authorized to pick up your child:

Step 2 Individual Kid's Information

1st First Name: _____ Last Name: _____ Birthdate: ____/____/____
Grade: _____ School: _____ Allergies / Special Needs: _____

Does your child need and carry and EPI PEN? Y / N

2nd First Name: _____ Last Name: _____ Birthdate: ____/____/____
Grade: _____ School: _____ Allergies / Special Needs: _____

Does your child need and carry and EPI PEN? Y / N

3rd First Name: _____ Last Name: _____ Birthdate: ____/____/____
Grade: _____ School: _____ Allergies / Special Needs: _____

Does your child need and carry and EPI PEN? Y / N

- By registering my child for Kid Zone, I authorize my child's image may be photographed, filmed and be used on Kid Zone Facebook page only.
- By giving my email address, I understand that I may receive notices regarding Kid Zone only. Assembly of God will never give your information to any third parties.

Parent's Signature _____ Date: _____

