



KIDZClub REGISTRATION FORM 2011-2012

Today's Date: _____

CHILD #1

Name: _____ Sex: M or F
(Last Name) (First Name) (Middle Initial)

Birthdate: _____ Age or Grade in FALL 2011 _____

List any allergies or special needs in detail: _____

CHILD #2

Name: _____ Sex: M or F
(Last Name) (First Name) (Middle Initial)

Birthdate: _____ Age or Grade in FALL 2011 _____

List any allergies or special needs in detail: _____

CHILD #3

Name: _____ Sex: M or F
(Last Name) (First Name) (Middle Initial)

Birthdate: _____ Age or Grade in FALL 2011 _____

List any allergies or special needs in detail: _____

Parent / Guardian / or Persons Responsible

Church Membership: _____

Child(ren);s Address: _____
(Street)

(City) (State) (Zip)

Home Telephone Number: (_____) _____

Cell Phone(s): _____

E-mail Address: _____

Father's Name: _____

Mother's Name: _____

Child lives with: Both Parents Mom DAD Grandparent Other:

Where can you be reached during our LifeGroup - please give location or cell number:

If I cannot be contacted in case of an emergency, I authorize the church to take any necessary action, including obtaining emergency medical care.

Parent/Guardian Signature: _____ Date: _____

By signing below, you give permission to Bethlehem Lutheran Church and Children's LifeGroups to use your child's picture for public relations materials and on Bethlehem's website (www.bethluth.net). No children's names will be mentioned. Thank you.

Parent /Guardian Signature: _____ Date: _____

If you do not wish to have your child's picture used, please sign below. Thank you.

I would prefer my child's picture not be used: _____ Date: _____