

THE KING'S KIDS CLUB

Registration

STUDENT NAME: _____

AGE: _____ GRADE: _____ DATE OF BIRTH: _____

ALLERGIES/CONCERNS: _____

PERSONS AUTHORIZED TO PICK UP: _____

PARENTS: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

ATTENDING: _____ SUNDAY MORNING _____ WEDNESDAY EVENING