

# GPKids Family Registration Fall 2019 – Spring 2020

**For Office Use Only:**

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## Parent Contact Information

Family Last Name: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Phone (C): \_\_\_\_\_ (Mom)

Non Parent responsible: \_\_\_\_\_

Phone (C): \_\_\_\_\_ (Dad)

Relationship to above: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone (Other): \_\_\_\_\_ (Mom)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Other): \_\_\_\_\_ (Dad)

Email (Dad): \_\_\_\_\_

Email (Mom): \_\_\_\_\_

**Is there anyone who should be denied access to your child?**

## Child Information

**\*\*Please register your child(ren) for a designated time in Nursery/GP Kids.**

**Each child will be assigned to an age appropriate group for the coming year.**

Child's Name	M/F	Birthdate (mm/dd/yy)	Age (as of 9/1/19)	Grade If applies (as of 9/1/19)	Service Hours & Programs Offered		
					Sunday 9:00am	Sunday 10:30am	Weds 6:30pm

Child's Name	Allergies/Medical Needs/Special Instructions

**\*\*We provide snack with common allergies in mind (peanut, gluten).  
Please bring snack if you are concerned we may not have substitute.**

### Publication Disclaimer

I grant Grace Point permission to use pictures of my family on their website and in other publications, both internal and external.

Yes: \_\_\_\_\_ No: \_\_\_\_\_