



Registration 2009-2010

Carpool # _____

Who will be picking up your child from KidzLife? _____

For the safety and protection of your child, a written note must be sent in order for us to release your child to someone other than the person listed.

Last Name of Child(ren) _____

First Names of Child(ren)

1. _____ M/F DOB ____ - ____ - Allergies _____ School _____ Grade _____

2. _____ M/F DOB ____ - ____ - Allergies _____ School _____ Grade _____

3. _____ M/F DOB ____ - ____ - Allergies _____ School _____ Grade _____

4. _____ M/F DOB ____ - ____ - Allergies _____ School _____ Grade _____

Parent(s) Names _____

Home Phone _____ **Cell: mom** _____ **dad** _____

Email _____

Address _____

City, ST, Zip _____

Special Needs: _____

Emergency Contact & Phone# _____

In the event of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I authorize Grace Fellowship Church to obtain medical treatment for my child(ren).

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Items purchased:

Child's Name	Grade	Pkg DBT \$25	Dues \$5	KidzLife Journal \$10	BigKidz Book \$20	T-shirt \$10	KidzLife CD \$5	KidzLife Cup \$1	Bag \$5	Worker T-shirt \$10

Total Amount _____

Check # _____ Amount _____ Date Paid _____
 Check # _____ Amount _____ Date Paid _____
 Check # _____ Amount _____ Date Paid _____
 Check # _____ Amount _____ Date Paid _____