	l's Zone gistration	No. Constant
We are most likely to attend the	9:15am 11:00am service	(circle one)
Name of Parents/Guardians:		
Address:City: Home Phone:Cell Phone:		
	Linan Address.	
Child's Name:		Age:
Grade: Allergies: Kid's Zone: 2-3yrs - 4-5yrs - 6r. 1-3 - 6r. 4-6		
Child's Name:		
Grade: Allergies:		
Kid's Zone: 🛛 2-3yrs 🗆 4-5yrs 🗆 Gr. 1-3 🗆 Gr. 4-6		
Child's Name:		Age:
Grade: Allergies: Kid's Zone: □ 2-3yrs □ 4-5yrs □ Gr. 1-3 □ Gr. 4-6		
Child's Name: Grade: Allergies:		Age:
Kid's Zone: 2-3yrs 4-5yrs Gr. 1-3 Gr. 4-6		
If you need room for additional children, please use the back.		
Welcome to you for joining our Kid Zone family. If you have children in Runabouts (age 2/3) please consider volunteering on a rotation basis. Indicate by checking the appropriate box. □ Yes □ No You will be contacted by Emily Fehr, our Director of Children's Ministries.		
On occasion your child's teacher may want to take the children out to find things that God has created, or to go play at the school playground as a special treat. Please indicate if you give your permission. Y / N		
As part of the Children's Ministry Program, we may take pictures of your child to put up in their classroom, or on the PowerPoint Sunday mornings during the service. Your child may be in one or more of the pictures, and we are asking your permission to show them. Yes, you may show them. No, you may not show them.		
Signature of Parent/Guardian		
Emergency Contact: Please indicate if extra assistance is required with any of your children:		