



King's Kids Registration Information

Please print clearly and use a separate form for each King's Kids participant. Thank You!

Personal Information

Name _____ Grade _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian Name(s) _____

Cell Phone #'s _____ Work #'s _____

Email _____

Siblings attending King's Kids _____

Local Emergency Contact and Phone # _____

What School does your child attend? _____

Does your child have access to a Bible he/she can use? _____ yes _____ no

General Health Information

Chronic or recurring illness or medical condition that may affect participation:

Allergies (i.e. food allergies, bee stings, etc.) _____

Dietary restrictions (i.e. gluten-free, lactose intolerant, etc.) _____

Is there anything that would be helpful for us to know about your child that would help us as we plan our activities?

_____yes _____ no

If Yes, Please explain. _____

OVER



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Insurance Information

Insurance Company _____ Policy # _____

Holder's Name _____ Family Dr./Phone # _____

Permission

I give my permission for my child to participate in all aspects of the King's Kids program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize the King's King staff to secure any medical or emergency treatment as deemed necessary for my child. I, or my insurance company, will pay for any medical treatment if costs are incurred. I also give my permission for any picture or video taken of my child to be posted on Hope UMC's website or Facebook page or published in the local newspaper. We are excited to share all the amazing things happening as a result of the King's Kids program.

___ Yes ___ No X _____

Parent/Guardian Signature

Date

How will your child be getting home from King's Kids?

Child's Name _____

Please check one of the following options:

_____ My child will be picked up by _____

Relationship with child (i.e. parent, grandparent, friend, etc.) _____

Phone # _____

_____ My child has my permission to walk home.

_____ My child will be riding the white Midas Bus

(You are responsible for making arrangements with the driver)

_____ Other _____

**If plans change, please send a note with your child or call the church office (712-335-3663) and leave a message no later than 4:00 p.m. with the church secretary or on the answering machine. Thank you!*

***We need to have both sides of this form completed and returned prior to your child's first session of King's Kids. Thank You!*