

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Cell Phone Provider (so you can receive text announcements/reminders): _____

Custodial Parent (If married, mark both parents)

Primary Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Cell Phone Provider (so you can receive text announcements/reminders): _____

Email (If different from Primary email): _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

2nd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

3rd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

Emergency Contacts (Other than Parents) & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Pickup Able to pick up all children in the family Emergency

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Pickup Able to pick up all children in the family Emergency

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Pickup Able to pick up all children in the family Emergency

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Pickup Able to pick up all children in the family Emergency

Additional Information:

Where does your family attend church? _____ None

If your family attends Grace Bible Church, which campus? _____

May we include your contact information in the Kingdom Kids printed directory? Yes No

I certify that the above information is accurate and current.

Signature: _____ Date: _____

Parents are responsible for notifying the Kingdom Kids office of any changes to the above information!

Thank You!