

Registration 2016-2017



| Child's Name | Birthdate | Grade | Allergies/Other |
|--------------|-----------|-------|-----------------|
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|--------------------------------|--|
| Parent Name | |
| Address | |
| Email | |
| Phone | |
| Preferred form of contact | |
| Who has permission to pick up? | |

Permission for Photography:

I give permission for my child to be photographed during TKC and other church events:
Yes No

I give permission for photographs of my child to be used on the church website and posted on Facebook.

Website: Yes No Facebook: Yes No