

REGISTRATION FOR TUESDAY NIGHT KIDS CONNECT

	Child
Name (first)	
(last)	
Gender	☐ Boy ☐ Girl
Date of Birth	
Grade Entering (in Fall)	
Church You Currently Attend	
Allergies or physical or behavioral challenges (use back if needed)	

Parent/Guardian

Name 		
Email 		Phone
Address 		
City 	State 	Zip

Photos/videos may be taken of my child for craft projects and in-church purposes	☐
Photos/videos may be taken for use on the church webpage and Facebook	☐
Alternate Contact Name (in case of emergency) 	Phone

As a parent or legal guardian of the above child, I authorize a representative of Homewood Evangelical Free Church to consent to all medical treatment as deemed advisable in the opinion of the attending physician in the event of a medical emergency. I give permission for the above named child to participate in all Kids Group activities. I waive and release Homewood Evangelical Free Church and any of its staff and volunteers from any and all liability for injury or illness.

Signature 	Date
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