

**KIDS FOR CHRIST
2009-2010 REGISTRATION**

Name _____ Date of birth _____

Parents'
Names _____

Address _____

Phone: _____ Cell: _____

E-mail: _____

Age and current grade in school: _____

Health conditions/Allergies: _____

Special concerns: _____

Emergency contacts:

Individuals authorized to pick up children: _____

Area parent would like to assist in:
Food prep _____ Classroom _____ Table Parent/Clean-up _____
Choir _____ Recreation _____ Missions/Drama _____

Payment Options:
Payment in full: \$80 (\$72 for pre-registered students) _____
Three payment schedule: October \$30 _____
December \$25 _____
February \$25 _____

Scholarship assistance is available. Please see Traci Maloney.