

**K. F. C. REGISTRATION FORM**

1<sup>st</sup> Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_  
2<sup>nd</sup> Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
3<sup>rd</sup> Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_  
4<sup>th</sup> Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_

Address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone# \_\_\_\_\_ Cellphone# \_\_\_\_\_

Parent(s) Guardian Info

Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Medication Child is taking: \_\_\_\_\_

In case of injury or need of assistance, the best available emergency contact person is:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

\*\*\*\*\*

I give child (ren) permission to participate in events sponsored by New Hope C. P. Church. It is my understanding that in the event my child (ren) is ill or injured, I will be contacted in person or by phone at the location or number(s) provided on this sheet. If however, this is not possible, I do grant New Hope C. P. church permission to authorize emergency medical treatments recommended by the treating health care provider until such time as I am notified.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_